

# WHAT ARE OVERDOSE PREVENTION SITES?

## What is an Overdose Prevention Site?

Overdose Prevention Sites (OPS), also called Safe Consumption Sites, are health care services supervised by medically-trained staff, addiction specialists, and peer recovery counselors. They offer a variety of services, including medical supervision of drug use to monitor patients, administer first aid, and prevent fatal overdoses.

## What else do Overdose Prevention Sites do?

Most OPSs offer a variety of services in addition to supervised consumption and overdose prevention. Most also operate needle exchange programs which provide safe needle disposal, resources, and health information to program participants.<sup>1</sup>

Overdose Prevention Sites are unique in that they serve as a physical point of contact for harm reduction organizations to refer clients to a wide array of resources. Trained staff engage with clients about their experiences, form supportive relationships, and can connect them to resources for recovery, mental health treatment, housing, food, social support, and health care.

- Two OPSs in Sydney, Australia (opened 2001), and Vancouver, Canada (opened 2003) found that the facilities serve as "effective gateways for addiction treatment, counseling, and other services".<sup>2</sup>

## Why do communities implement Overdose Prevention Sites?

Governments are moving toward a public health approach to substance use rather than a criminal justice approach. Decades of research have shown that the millions spent on punishment and punitive measures do not reduce drug use, but connecting people at risk of overdose with treatment and harm reduction resources does.

The overdose epidemic has shaken communities to their core. With traditional services disrupted by the COVID-19 pandemic, people who are already vulnerable are overdosing in isolation at increasingly high rates. COVID-19 has reaffirmed the need for a public health approach to substance use focused on reducing harm wherever possible. Overdose Prevention Sites do just that - and keep those who need support alive long enough to receive it.

**For more information contact:**  
Erin Carney, *Live4Lali* • [erin.carney@live4lali.org](mailto:erin.carney@live4lali.org)

## **Do Overdose Prevention Sites encourage or increase drug use and crime?**

No. Research of facilities in Canada, Europe, and Australia found that the sites:

- Do not increase drug-related crime in their communities.<sup>3</sup>
- Reduce public injection in the neighborhoods they are in.<sup>4</sup>
- Reduce the number of discarded syringes in the surrounding area.<sup>5</sup>
- Save public dollars that would have been spent on ambulatory and hospital costs by saving lives, administering medical care, & treating overdoses on-site.<sup>6</sup>

## **Have other countries tried this and been successful?**

Yes - and there is a new site in New York City! More than 101 sites in 11+ countries use this evidence-based harm reduction service as just one part of their comprehensive public health strategy to address ongoing drug use, help communities provide treatment, and prevent deadly overdoses. Evaluations by the European Monitoring Centre for Drugs and Drug Addiction on 78 official facilities in Europe found an “overall positive impact on the communities where these facilities are located”.<sup>7</sup>

## **Can anyone access an Overdose Prevention Site?**

Similar to other state-authorized facilities that sell alcohol, tobacco, and cannabis, restrictions such as age limits can be imposed by local or state authorities. Among existing OPSs, there is an age restriction limiting access to the site to adults over a particular age, typically 18 or 21.<sup>8</sup> The facilities also generally have a program reporting system, though specific requirements are not uniform and are up to local and state regulatory bodies.

## **Where are they located?**

The location of an Overdose Prevention Site is unique to each city or neighborhood, but research on successful facilities has shown that certain location factors contribute to the success of the site. These best practices include:

- Placing OPSs in areas that experience high rates of overdose and/or public drug use.<sup>9</sup>
- Sometimes, OPSs exist inside health or social service facilities (e.g., an HIV/AIDS clinic, a shelter for homeless individuals, or another type of health facility serving extremely marginalized populations).<sup>10</sup>
- Law enforcement officers with direct experience with OPSs have suggested that an essential part of determining a facility’s location is near where there is the most need (where individuals are already engaging in drug use).<sup>11</sup>
- Common themes from stakeholder feedback suggest the planning process must be highly transparent and community-led, not outsider-led. Positive outcomes occur in locations whose implementation involves forming direct and continuous relationships between people who use drugs, community residents, law enforcement, faith leaders, elected officials, health providers, harm reduction organizations, and business owners.<sup>12</sup>

**For more information contact:**

**Erin Carney, *Live4Lali* • [erin.carney@live4lali.org](mailto:erin.carney@live4lali.org)**

# OVERDOSE PREVENTION SITES ARE SUPPORTED BY:

**The American Medical Association**

**American Academy of Family Physicians**

**The Massachusetts Medical Society**

**The Harm Reduction Coalition**

**The College of Family Physicians of Canada**

**The Drug Policy Alliance**

**Chicago Recovery Alliance**

**Institute for Clinical and Economic Review**

**Vancouver Public Health Department**

**The American Foundation for AIDS Research**

**National Alliance of State and Territorial AIDS Directors**

**NYU Center for Drug Use and HIV Research**

**Pennsylvania Medical Society**

## References

<sup>1 4 5</sup> City of Vancouver. "Safe Injection Site and Needle Exchange." *City of Vancouver*, 2021, <https://vancouver.ca/people-programs/safe-injection-site-and-needle-exchange.aspx>

<sup>2</sup> Tyndall, M.W., Kerr, T., Zhang, R., King, E., Montaner, J.G., and Wood, E. "Attendance, drug use patterns, and referrals made from North America's first supervised injection facility." *Drug Alcohol Depend*, July 27, 2006;83(3):193-8. doi: [10.1016/j.drugalcdep.2005.11.011](https://doi.org/10.1016/j.drugalcdep.2005.11.011)

<sup>3</sup> Wood, E., Kerr, T., Small, W., Li, K., Marsh, D.C., Montaner, J.S., and Tyndall, M.W. "Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users." *CMAJ*, September 28, 2004;171(7):731-4. doi: [10.1503/cmaj.1040774](https://doi.org/10.1503/cmaj.1040774)

<sup>6</sup> Armbrrecht, E., Guzauskas, G., Hansen, R., Pandey, R., Fazioli, K., Rind, DM., and Pearson, SD. "Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value; Draft Evidence Report." *Institute for Clinical and Economic Review*, September 24, 2020. <https://icer-review.org/material/supervised-injection-facilities-draft-evidence-report/>

<sup>7</sup> The European Monitoring Centre for Drugs and Drug Addiction. "Drug consumption rooms: an overview of provision and evidence." *EMCDDA*, 2018. <https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>

<sup>8 9 10 11</sup> LEAP/GLEPHA Webinar: *The Police Experience with Overdose Prevention Sites*, Law Enforcement Action Partnership & The Global Law Enforcement and Public Health Association, October 20, 2020, <https://www.youtube.com/watch?v=eLN5-FVp6aU>

<sup>12</sup> Beletsky, L., Davis, C.S., Anderson, E., and Burris, S. "The Law (and Politics) of Safe Injection Facilities in the United States." *The American Journal of Public Health*, February 2008; 98(2): 231-237. doi: [10.2105/AJPH.2006.103747](https://doi.org/10.2105/AJPH.2006.103747)

**For more information contact:**

**Erin Carney, Live4Lali • [erin.carney@live4lali.org](mailto:erin.carney@live4lali.org)**