Cook County DEPT. of Public Health
Promoting health. Preventing disease. **Protecting you.**

Overdose Prevention Sites

Based on the scientific literature, Cook County Department of Public Health has found that Overdose Prevention Sites (OPS) are a vital harm reduction strategy with clear public health benefits

Government-sanctioned OPS started in the 1980s as places for people who use drugs to inject heroin, cocaine, and other drugs under the supervision of medical personnel.[1] OPS are a harm reduction strategy that aim to reduce overdose deaths and other harms from drug use. Over 100 sites now exist across the globe.[2] Scientific studies published in peer-reviewed journals have demonstrated that OPS decrease overdose deaths and suggest that OPS also reduce the transmission of HIV, Hepatitis C, and other blood-borne infectious diseases. OPS also connect people who use drugs (PWUD) to substance use disorder (SUD) treatment programs.[3]

Based on the scientific evidence, Cook County Department of Public Health (CCDPH) believes that OPS are a vital harm reduction strategy with clear public health benefits. Harm reduction services in CCDPH's jurisdiction of suburban Cook County are few and far between, and there is a need for OPS and expanded harm reduction services in the suburbs.

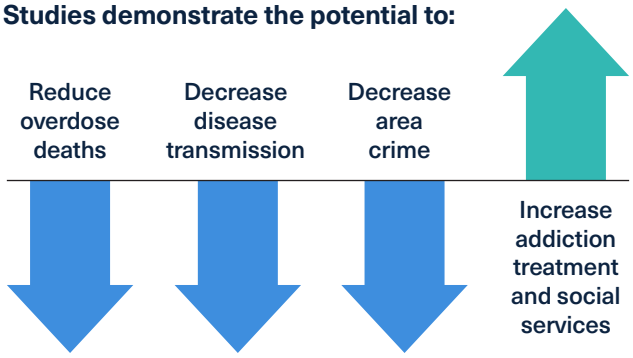
Medical professional organizations have also supported OPS. In 2017, The American Medical Association endorsed the development of pilot OPS as part of a comprehensive strategy to address synthetic and injectable drugs. In its statement, the American Medical Association cited research on the reduction in overdose deaths and disease transmission, and the increase in people starting substance use disorder treatment as a result of OPS.[4] The American Society of Addiction Medicine also released a statement of support for OPS, further arguing for their necessity given the surge in drug overdoses during the COVID-19 pandemic.[5]

Both Cook County State's Attorney Kim Foxx and Illinois Attorney General Kwame Raoul have expressed support for OPS.[6,7] State's Attorney Foxx traveled with a delegation of Illinois advocates to Toronto to visit an overdose prevention site in June 2020, and later signed a legal brief in support of a proposed overdose prevention site.[7] Building upon the growing support for innovative solutions to the opioid epidemic, Governor Pritzker issued an executive order calling for the implementation of programs that may promote safer drug use and prevent drug overdoses.

OVERDOSE PREVENTION SITES AT-A-GLANCE

Over **100** OPS exist across the globe

Studies demonstrate the potential to:



InSite, an overdose prevention site in Canada, provides clean equipment for people who use drugs to consume pre-obtained drugs. Clinical staff, like nurse Tim Gauthier above, are also on hand to respond to overdose events.

Photo credit: Sound Publishing

In response, the Illinois Department of Human Services (IDHS) has convened a group of local experts from the West Side of the City of Chicago to assess the feasibility and acceptability of an overdose prevention site being opened in the community. A survey conducted by the West Side Heroin/Opioid Task Force found that 86% of West Side residents said an overdose prevention site would be beneficial for their community.[8]

What are Overdose Prevention Sites (OPS)?

OPS are places where PWUD may consume pre-obtained drugs under the supervision of medical personnel. OPS are also referred to as "safe injection facilities", "supervised consumption sites", and "drug consumptions rooms".[1] OPS usually have guidelines about who can use the facility, including restrictions based on age or whether someone has never used drugs.[9] Some variations on OPS include mobile or pop-up units, safe bathrooms, or peer-led facilities where drug use is watched by other people who use drugs.[10,11]

While OPS generally describes these and similarly tailored facilities being proposed in the U.S., Canada employs several different types of facilities to ensure safe consumption. In Canada, supervised consumption sites tend to be more permanent fixtures within communities and require a more complex process for implementation, while overdose prevention sites are less permanent and often rapidly implemented in response to an emerging crisis.[12] Canada also allows for supervised injection sites, which are similar to supervised consumption sites in that they are intended to be more permanent, but are distinct in that they only allow for the use of injectable drugs within the facilities.[13]

Where have OPS been Implemented?

Much of the research evidence on OPS are from Canadian and Australian sites, although researchers have published a handful of studies evaluating the efficacy of an non-government endorsed site in the United States.[13,14]

While a non-government endorsed safe consumption site has been operating in an undisclosed location in the United States since 2014, the United States did not have an endorsed overdose prevention site until 2021. [14,15] In November 2021, New York City authorized the opening of the first government endorsed OPS at two existing needle exchange programs.[18]

Several states and major cities including Seattle, San Francisco, Boston, and Philadelphia have also considered opening government endorsed OPS in response to the opioid epidemic.[16, 17, 18] In the summer of 2021, Rhode Island approved a pilot program to evaluate the efficacy of an overdose prevention site program through harm reduction centers in the state.[19] Massachusetts began public hearings in September 2021, to consider the development of statewide safe consumption sites.[20] In Illinois, the Department of Human Services has partnered with community groups in the West Side of Chicago to assess the acceptability of OPS. [21]

Who uses OPS?

Research has shown that people using the Vancouver, Canada OPS were more likely to inject drugs daily and to be homeless or live in unstable housing, a population that is at high risk for acquiring HIV.[22] Almost a third of the clients using Vancouver's Safe Consumption Facility are women, and almost 2 in 10 were indigenous Americans. A qualitative study of 25 women who used OPS found that the OPS created a temporary "refuge from the structural and interpersonal violence of the street".[23]

A multi-city study of people who use drugs in Baltimore, Providence, and Boston found that most respondents reported willingness to use services at an overdose prevention site.[24] Greater willingness to use services among injection drug users was further associated with identifying as female, racial minority status, caution around fentanyl, and having used drugs in public or semi-public settings. Respondents reported that their barriers to accessing OPS were fear of arrest, privacy and confidentiality, and cost, time, or transportation.[25]

Do OPS promote the use of drugs?

Many stakeholders express concern that OPS directly or indirectly promote the use of drugs. One study of the Vancouver safe consumption facility found that of the over 1,000 people in the study, only one used drugs for the first time at the facility.[26] The average person using drugs at the facility had been injecting for 16 years.[27] Another study of OPS found no change in the number of drug deals in the vicinity, but did reduce public drug use, syringe sharing and reuse, and unsafe disposal of syringes in the area surrounding a facility.[27] Importantly, evidence suggests that OPS increase the likelihood of individuals being connected to needed drug treatment services. [3, 26]

After an overdose prevention site opened in Vancouver, there was a **35%** decrease in fatal overdoses in a 1,640 feet radius of the facility, while fatal overdoses across the city decreased by **9%.**

Do OPS prevent overdose deaths?

A systematic review of 70 articles on OPS found that opening these or similar facilities was associated with reduced drug overdoses in the region.[28] One study published in *The Lancet*, for example, found a 35% decrease in fatal overdose in a 1,640 feet radius of a facility following its opening in Vancouver, Canada.[30] By comparison, fatal overdoses across the city decreased by 9%.[25] The healthcare organization that operates the Vancouver safe injection facility reports that 3.6 million clients have used the facility since 2003. There have been zero overdose fatalities at the facility, and 6,440 overdose interventions.[26]

Analysis of a supervised injecting facility in Sydney, Australia found a decrease in ambulance calls for opioid overdose in the postal code area for the facility.[31] There have been zero fatal overdoses at OPS around the world.[1] The safety of OPS has been additionally demonstrated through evaluation of the non-government endorsed facility operating in the U.S.: In five years of operation only three overdoses have occurred with no medical transfers needed and no deaths occurring.[17]

How do OPS impact infectious disease transmission?

Due to challenges with studying the spread of infectious disease at OPS, there is no direct evidence on the impact of OPS on transmission of HIV, Hepatitis C, and other infectious diseases. The research, however, does show a reduction in risky behaviors. A 2005 study of the Vancouver facility, for example, found that people using the facility were 70% less likely to share syringes.[30] Researchers estimate a decrease in 84 cases of HIV per year at the Vancouver facility.[32]

Studies also indicate a decrease in skin and soft tissue infections due to referrals to health professionals at the OPS and the management of these conditions. At the Vancouver facility, 6% to 10% of intravenous drug users had injection-related skin or soft tissue bacterial infections compared to 10% to 30% of intravenous drug users in the general Vancouver population.[31]

What is the impact of OPS on treatment and other referrals?

Studies have found that people who use OPS are more likely to connect to substance use treatment programs. At the Vancouver site, since 2003, staff have provided 48,798 clinical treatment visits and over 1,800 referrals to detoxification programs, which have been described as the starting point for substance use treatment in Vancouver.[27] One study found that of those that initiated a detoxification program, OPS clients were 1.6 times more likely to enroll in methadone treatment, and almost four times as likely to enroll in other forms of addiction treatment.[25]

People who use drugs face considerable stigma from providers, and cite stigma as a reason for not seeking treatment.[33] OPS connect clients to treatment and community supports for those who often lack trusted healthcare providers or other supports.

> "...I can't really compare it to anything else, 'cause I've never really gotten any help anywhere else."
>
> **–23-year-old transgender client at a Vancouver safe injection facility**[xl]

Brad Finegood, Assistant Division Director with the King County Behavioral Health and Recovery Division, explains the need to build trusting relationships with people who are using substances this way: "We've heard time and time and time again from people with lived experience that what's made the most significant change for them is the relationship they've been able to build with helping professionals so that when they were ready to make a change, they had a safe place to go to ask for help." Research from Australia found that people who use injecting drugs spent at least 3.3 years with substance use disorder before they seek drug treatment.[34]

Do OPS increase crime near the facility?

Research on crime and nuisance in the areas surrounding OPS indicates either no changes or positive changes. Studies have shown a decrease in discarded syringes, injection-related litter, complaints about public injection, and statistically significant decrease in vehicle break-ins and thefts.[3, 25] There was no change in the number of drug deals in the area.[3] Crimes committed in the metropolitan area surrounding the U.S. based unsanctioned facility declined from 2010-2019, and this decline was greater than that observed in another area of the city close to the facility.[35]

What are the costs and benefits of establishing OPS?

Following the recommendation to establish OPS in the Seattle area from the King County Heroin & Opioid Addiction Task Force, researchers estimated the costs and benefits of implementation. They estimated an annual budget to operate OPS, the proportion of people who inject drugs in King County as well as the incidence of infectious diseases

associated with injection drug use. Based on their model, OPS in Seattle would reverse 167 overdoses, prevent six overdose deaths, 45 hospitalizations, 90 emergency department visits, and 92 emergency medical service deployments, while also allowing 41 individuals to enroll in treatment services. While the estimated annual cost of operating the facility was $1.2 million, the associated health benefits equate to a savings of $5.2 million each year.[36]

Additionally, a study on the impact of opening OPS in Boston found that 700 ambulance rides, 550 emergency department visits, and 270 hospitalizations would be prevented annually if a facility were opened in the area. This would amount to a savings of nearly $4 million each year in the Boston region.[37]

References

FOR MORE INFORMATION ON OPS

To view the American Medical Association's Statement that references their endorsement of pilot OPS, please click on this link.

To view the European Monitoring Centre for Drugs and Drug Addiction's webpage on OPS, which includes photos as well as an overview of the service model, please click on this link.

To read about the history of OPS at one Canadian location, click on this link.

To view operational guidance for supervised consumption sites from the British Columbia Centre on Substance Use, click on this link.

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