

**DRUG
POLICY
ALLIANCE.**

OVERDOSE PREVENTION CENTERS IN VERMONT

**Addressing a gap in the
continuum of care**

**Grey Gardner, Senior Policy Counsel
Drug Policy Alliance
Vermont Senate Health and Welfare Committee
March 2024**



WHAT ARE OVERDOSE PREVENTION CENTERS?

OPCs are safe spaces for people who actively use drugs, are at-risk of overdose death, and lack access to critical health and stabilization services. Inside OPCs, people can consume pre-obtained substances and be supervised post-consumption by personnel trained to identify and respond to the earliest signs of overdose.



**PREVENT OVERDOSE DEATH AND OTHER
HEALTH RISKS ASSOCIATED WITH DRUG
USE**



FACILITATE CONNECTION TO CARE



**REDUCE PUBLIC DRUG USE AND
HAZARDOUS WASTE IN PUBLIC SPACES**

OPCs primarily serve deeply marginalized and stigmatized people who are disconnected from traditional services. As such, OPCs are a necessary part of a comprehensive solution to the overdose crisis and overall health and wellbeing.



Interactive map: Canada's response

The Government of Canada is coordinating a response to the opioid crisis through prevention, harm reduction, treatment and enforcement.

Use the map to find locations of opioid-related activities taking place across the country.

Legend

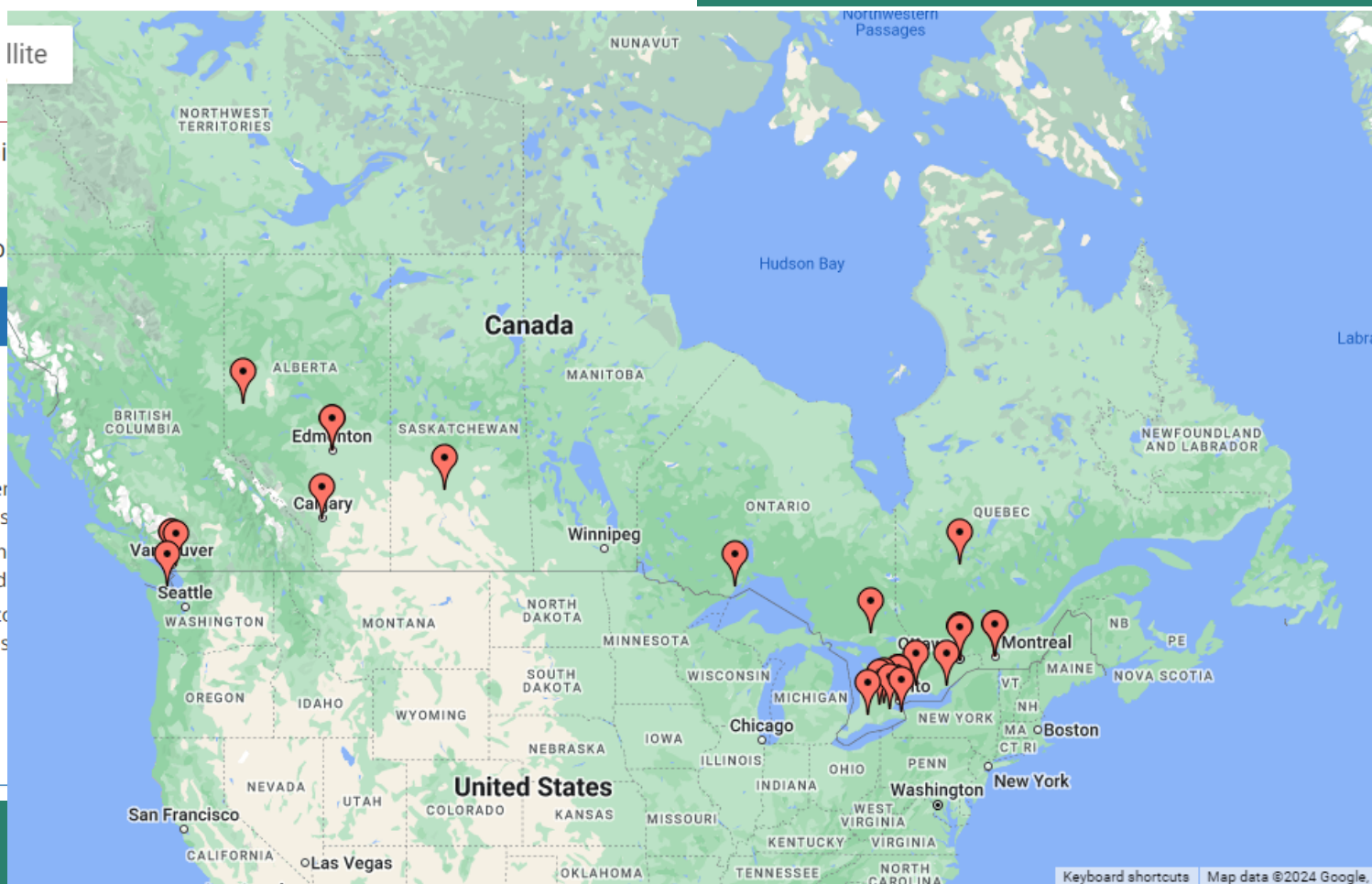
Select all

Prevention and harm reduction

- Non-supervised consumption sites offering drug checking
- Opioid crisis-related health research
- Substance Use and Addictions Program (SUAP) - safer supply projects
- Supervised Consumption Sites currently offering services
- Supporting Pathways to Care for People Who Use Drugs

Treatment

- Emergency Treatment bilateral agreements
- Problematic substance use treatment for First Nations and Inuit
- Provincial and Territorial and support services



They reduce overdose deaths.



A reduction in overdose deaths.

These sites reduce overdose deaths in the neighborhoods they are located in. ¹ One study from Vancouver showed a 35% drop in overdose deaths in the area where the OPC opened. ² In Sydney, Australia, the opening of a site resulted in a dramatic drop in emergency calls for overdoses during its hours of operation. ³ Early results from New York City's OPC suggests the site reduced overdose risk for those who used them. ⁴

[Download the fact sheet](#)

69%

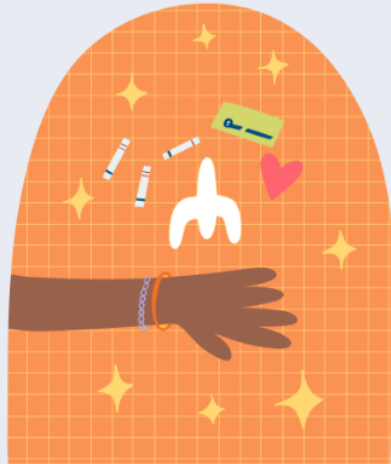
drops in overdoses within a 1000m radius around OPC sites in Toronto in one year. ⁵

35%

drops in overdoses after an OPC opened in a neighborhood in Vancouver. ⁶

24%

decrease in overdoses experienced for those who used an OPC after six months. ⁷



They reduce infections.



OPCs prevent infections.

OPCs reduce the spread of HIV and other infectious diseases. They provide access to basic healthcare, sterile supplies, and spread knowledge on safer drug use practices. Research has estimated that these sites reduce HIV infection rates by 6%-11% amongst those who use them. ^{27 28} Studies have also shown that using these sites reduces the risk of getting abscesses. People are also more likely to seek treatment for drug-related skin injuries (like soft tissue infections) at these sites compared to a hospital. ²⁹ People who use these sites are also likely to report using harm reducing approaches including using new syringes when they use drugs. ^{30 31} Data from one site in the US shows that those who used an OPC were less likely to go to the emergency room and the hospital. ³²

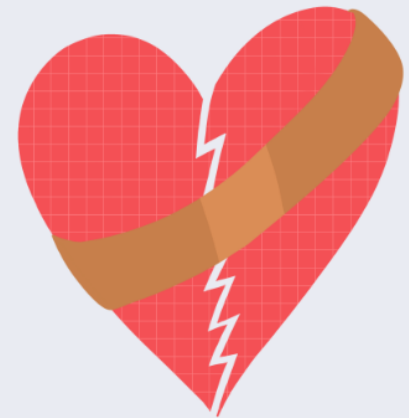
[Download the fact sheet](#)

79%

drop in reported abscesses after OPC use. ³³

70%

reductions in needle sharing behavior after OPC use. ^{34 35}



They save communities money.



There are significant cost savings.

OPCs save cities money. They reduce the amount of overdoses and infections. Studies have looked into the cost-effectiveness of these sites across different American cities. These studies have all found reduced healthcare costs. There are fewer visits to the emergency room, fewer ambulance rides, and fewer hospital stays.^{13 14 15} This saves money and reduces the burden on emergency service staff. By giving out safe supplies and teaching people about using safely, the risk of infections like HIV can be reduced. Furthermore, these infections can need years of treatment, which can be costly.¹⁶



[Download the fact sheet](#) ↓



\$3.5 million

could be saved in Baltimore with an OPC¹⁷



\$4 million

could be saved in Boston with an OPC¹⁸



\$7.8 million

could be saved in San Francisco with an OPC¹⁹

They connect people to treatment.



People are connected to treatment.

These sites also connect people to treatment. Research shows that using an OPC increases the amount of people who use treatment services like medication assisted treatment.^{8 9 10 11} At OPCs there are often counselors on site, some of who are peers. Research shows these counselors are effective at helping people get into treatment.

[Download the fact sheet](#) ↓

↑ 42%

of OPC clients enrolled in treatment after two years in one study.¹²




They make our communities safer.



They reduce litter & don't increase drug use.

By offering a safer place to use drugs, these sites also keep the community safe. OPCs provide a place to dispose of needles and other used drug equipment, which decreases the amount of litter on the street.²⁰

²¹ Studies have also shown that these sites do not increase drug use or drug selling activity in the area. There are also no increases in violent crimes like assault or robbery.^{22, 23, 24} In fact, one study looked at an unsanctioned site in the US for five years and found that there was a decrease in crime.²⁵

[Download the fact sheet](#) 



  **50%**

drop in public drug use 12 weeks after a OPC opened in Vancouver.²⁶





Drug Checking staff test a sample using Fourier-transform infrared (FTIR) spectroscopy





4,826

—
OPC PARTICIPANTS SERVED SINCE LAUNCH IN
NOVEMBER 30, 2021

128,154

—
OPC UTILIZATIONS

1452

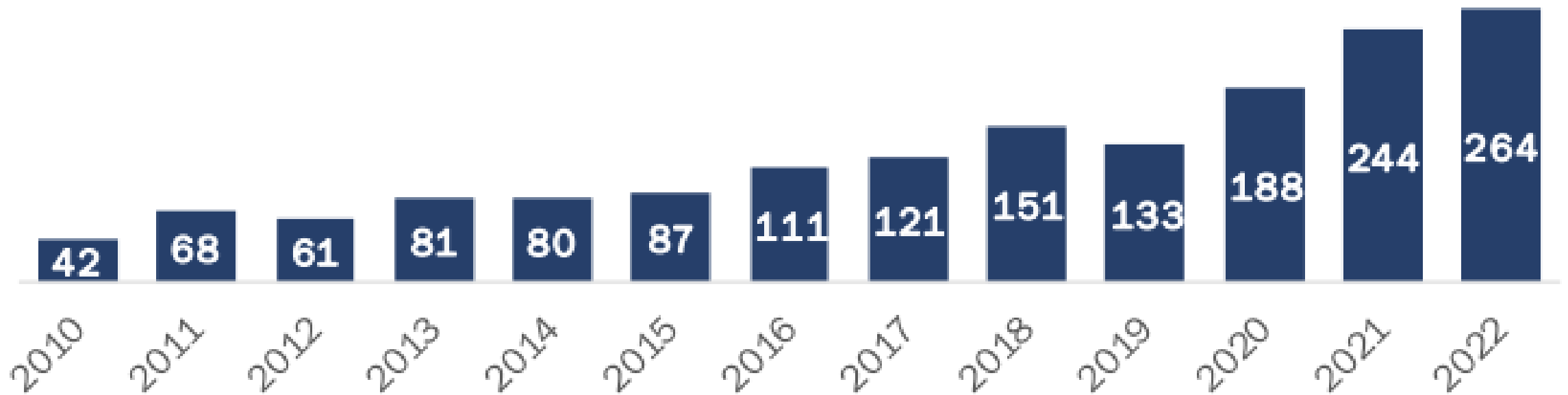
—
OVERDOSE INTERVENTIONS

2,000,000

—
UNITS OF HAZARDOUS WASTE COLLECTED



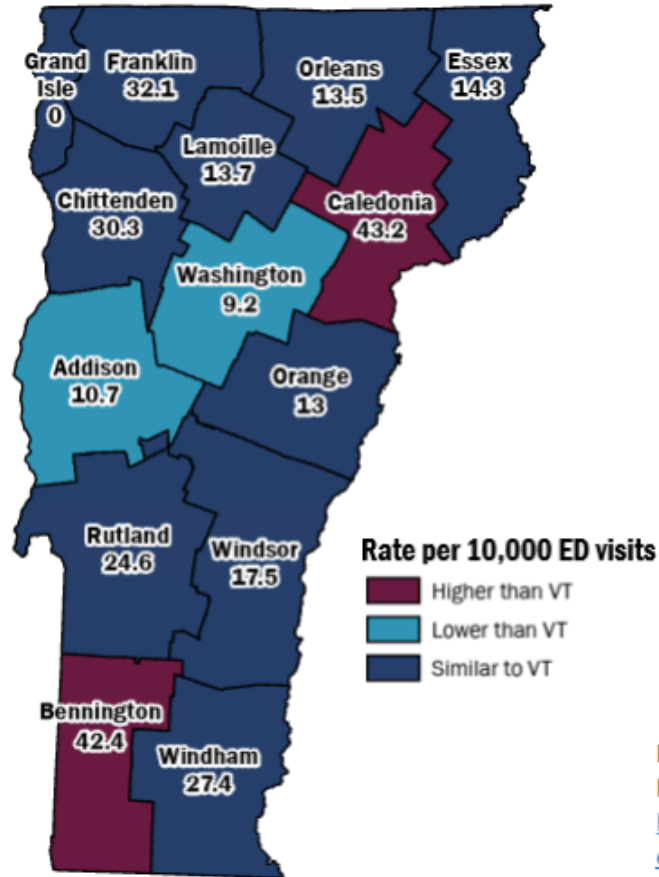
Figure 1: The total number of accidental and undetermined fatal drug overdoses among Vermont residents has increased more than 500% between 2010 and 2022



Syndromic Surveillance

2023 ED visit rates for opioid overdose by county of residence compared to statewide rate (24.3), through November

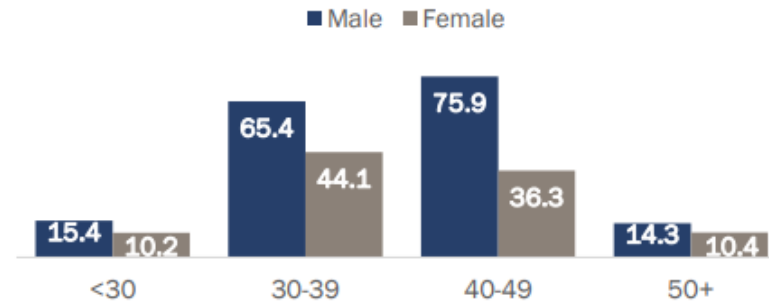
ED Visit Rates per 10,000 visits.



Vermont Department of Health

2023 ED visit rates for opioid overdose by sex and age group, through November

ED Visit Rates per 10,000 ED visits



Summary of 2023 Opioid Overdose-Related ED Visit Data:

- As of February 12th, emergent care visit rates for opioid overdose in 2023 have been lower than the 3-year average since May 2023, after being higher than previous years in March and April 2023.
- The rate of ED visits for opioid overdose is highest among males aged 40-49.
- Compared to the overall rate of opioid-related ED visits in Vermont (24.3 per 10,000 visits), the rate is statistically higher in Bennington County (42.4 per 10,000 visits) and Caledonia County (43.2 per 10,000 visits) and lower in Washington County (9.2 per 10,000 visits) and Addison County (10.7 per 10,000 visits)..

For more information about the data, contact: ahs.vdhoverdosedatavt@vermont.gov

For more data on opioid overdoses in Vermont, see the annual brief:

https://www.healthvermont.gov/sites/default/files/document/DSUfatalopioidoverdos_ebrief2022.pdf

For more information on opioids in Vermont: <https://www.healthvermont.gov/alcohol-drugs/by-substance/heroin-and-other-opioids>



U.S. Department of Health & Human Services

Overdose Prevention Strategy

Primary Prevention

Preventing substance use disorder is the first step towards addressing overdoses. Learn about effective prevention programs and safe prescribing practices.

Harm Reduction

Harm reduction is critical to keeping people who use drugs alive and as healthy as possible. Read the research and reduce stigma.

Evidence-Based Treatment


When a person is ready, high-quality treatment must be available without delay. Help improve access to treatment.

Recovery Support

Recovery support services can lead to better long-term outcomes, especially when available in communities where they are needed. Explore different types of recovery services.

Vermont Health Department warns of drug overdoses

Published 2:06 PM PDT, September 12, 2018

Share 

BURLINGTON, Vt. (AP) — The Vermont Department of Health is warning drug users to take precautions after several apparent overdose deaths in Rutland County and other overdoses around the state within three days.

Health and law enforcement reports say that at least two people died from inhaling drugs. Investigators don't know for sure what the drugs were but the department says cocaine and fentanyl have been a cause of death in Vermont.

Commissioner Dr. Mark Levine says the department is concerned that fentanyl is being mixed with a variety of illegal substances, like cocaine and methamphetamine. He says, "this broadens the problem."

The department is urging drug users to use less and not to use alone; have the overdose-countering drug Narcan available; and call 911 if someone doesn't wake up or is in distress.



PUBLIC POLICY STATEMENTS

Overdose Prevention Sites

📅 Adoption Date: July 22, 2021

PDF

Background

The United States has seen staggering increases in drug overdose deaths since the beginning of the 21st century. The 12 months ending in May 2020 witnessed the largest number of drug overdose deaths for a 12-month period ever recorded. Synthetic opioids, likely illicitly manufactured fentanyl entering the drug supply, are the primary driver of the increase in overdose deaths, but overdose deaths involving cocaine and psychostimulants have increased significantly as well.¹ The persistence and severity of the drug overdose epidemic calls for innovative and patient-centered strategies to prevent deaths and reduce other harms from drug use, while expanding access to evidence-based treatment.

Widespread Support within Vermont and Nationally

Recovery Vermont and Vermont Association for Mental Health & Addiction Recovery

Pathways Vermont

Law Enforcement Action Partnership (LEAP)

Drug Policy Alliance

Vermont CARES

National Harm Reduction Coalition

Vermont Interfaith Action

Johnson Health Center

Housing & Homelessness Alliance of Vermont

Vermont Businesses for Social Responsibility

ACLU-Vermont

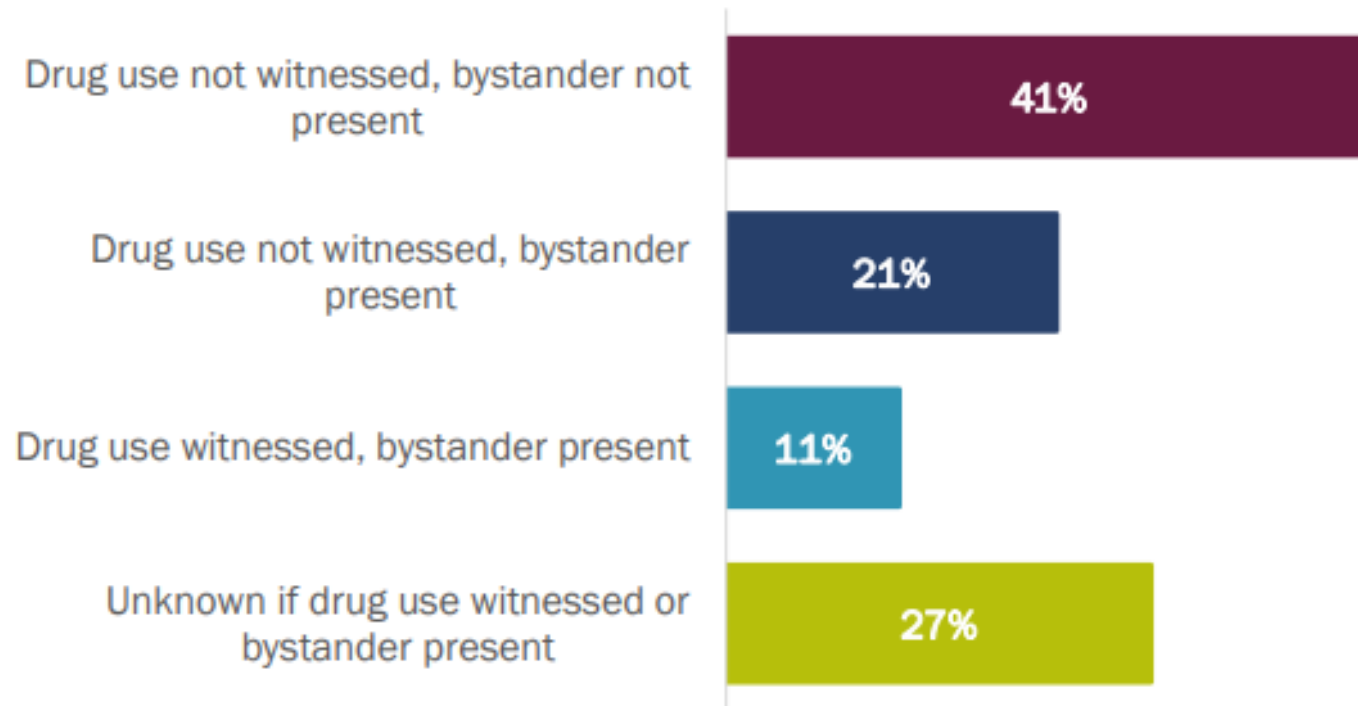
Ben & Jerry's

AIDS United

National Health Care for the Homeless Council


Vermont Dept of Health "Social Autopsy" Report (2021)

Most people who overdosed did not have a bystander present.



Vermont Health Department warns of drug overdoses

Published 2:06 PM PDT, September 12, 2018

Share 

BURLINGTON, Vt. (AP) — The Vermont Department of Health is warning drug users to take precautions after several apparent overdose deaths in Rutland County and other overdoses around the state within three days.

Health and law enforcement reports say that at least two people died from inhaling drugs. Investigators don't know for sure what the drugs were but the department says cocaine and fentanyl have been a cause of death in Vermont.

Commissioner Dr. Mark Levine says the department is concerned that fentanyl is being mixed with a variety of illegal substances, like cocaine and methamphetamine. He says, "this broadens the problem."

The department is urging drug users to use less and not to use alone; have the overdose-countering drug Narcan available; and call 911 if someone doesn't wake up or is in distress.

"I've been in this business a long time.. Maybe 5 years from now, we will be reacting to OPCs like we do safe syringe exchanges. That's where we are heading. It's going to be a no-brainer shortly."

Theresa Tobin, Chief of Interagency Operations, NYPD

SAFEHOUSE, a Pennsylvania nonprofit Corporation, *Appellee*,

v.

UNITED STATES OF AMERICA; U.S. DEPARTMENT OF JUSTICE;
WILLIAM P. BARR, in his official capacity as Attorney General of the United
States; and WILLIAM M. MCSWAIN, in his official capacity as U.S. Attorney for
the Eastern District of Pennsylvania, *Appellants*.

ON APPEAL FROM A JUDGMENT OF THE UNITED STATES DISTRICT
COURT FOR THE EASTERN DISTRICT PENNSYLVANIA (No. 19-cv-519)

**BRIEF OF THE DISTRICT OF COLUMBIA AND THE STATES OF
CALIFORNIA, DELAWARE, ILLINOIS, MICHIGAN, MINNESOTA, NEW
MEXICO, OREGON, VERMONT, AND VIRGINIA AS *AMICI CURIAE* IN
SUPPORT OF BRIEF FOR APPELLEE SAFEHOUSE AND AFFIRMANCE**

KARL A. RACINE
Attorney General for the District of Columbia

LOREN L. ALIKHAN
Solicitor General

CAROLINE S. VAN ZILE
Principal Deputy Solicitor General

CARL J. SCHIFFERLE
Deputy Solicitor General

LUCY E. PITTMAN
Assistant Attorney General

Office of the Solicitor General
Office of the Attorney General
441 4th Street, NW, Suite 630 South
Washington, D.C. 20001
(202) 727-6287
loren.alikhan@dc.gov

On behalf of:

KATHLEEN JENNINGS
Attorney General
State of Delaware

MAURA HEALEY
Attorney General
Commonwealth of
Massachusetts

KEITH ELLISON
Attorney General
State of Minnesota

ELLEN F. ROSENBLUM
Attorney General
State of Oregon

THOMAS J. DONOVAN, JR.
Attorney General
State of Vermont

KWAME RAOUL
Attorney General
State of Illinois

DANA NESSEL
Attorney General
State of Michigan

HECTOR BALDERAS
Attorney General
State of New Mexico

PETER F. NERONHA
Attorney General
State of Rhode Island

MARK R. HERRING
Attorney General
Commonwealth of Virginia

IN THE
Supreme Court of the United States

SAFEHOUSE,
Petitioner,

v.

DEPARTMENT OF JUSTICE, *et al.*,
Respondents.

On Petition for a Writ of Certiorari to the
United States Court of Appeals
for the Third Circuit

**BRIEF AMICI CURIAE OF FOURTEEN CITIES
AND COUNTIES IN SUPPORT OF
PETITIONER**

VIRGINIA A. GIBSON	CATHERINE E. STETSON
STEPHEN A. LONEY	<i>Counsel of Record</i>
ALEXANDER B. BOWERMAN	HOGAN LOVELLS US LLP
CAITLYN A. MANCUSO	555 Thirteenth Street, N.W.
HOGAN LOVELLS US LLP	Washington, D.C. 20004
1735 Market Street	(202) 637-5600
Philadelphia, PA 19103	cate.stetson@hoganlovells.com
(267) 675-4600	

*Counsel for Amici Curiae Cities of New York, NY;
Pittsburgh, PA; and Seattle, WA; King County, WA;
and Multnomah County, OR*

Additional counsel on inside cover

“Where, as here, a site will not manufacture, store, prescribe, distribute, or administer controlled substances, and the purpose of the facility is to provide lifesaving medical treatment and wraparound rehabilitation services, there is no CSA violation under the plain language of Section 856.

“this Court has stated in no uncertain terms that the CSA “manifests no intent to regulate the practice of medicine generally,” but instead is understood to regulate “illicit drug dealing and trafficking as conventionally understood.” *Gonzales v. Oregon*, 546 U.S. 243, 269-270 (2006).

There is utterly no “conventional[] underst[anding]” of “illicit drug dealing and trafficking” that could encompass overdose-prevention sites, and neither Congressional intent nor common sense supports creating one here

Health and Policy Support for Safehouse

AIDS United,
American Medical Association (AMA),
Assn. for Multidisciplinary Education and Research in
Substance Use and Addiction (AMERSA)
Association of Schools and Programs of Public Health,
California Society of Addiction Medicine,
Drug Policy Alliance,
Foundation for Aids Research (amfAR),
Harm Reduction Coalition,
National Alliance of State and Territorial Aids Directors
(NASTAD),
Network for Public Health,
Positive Women's Network,
Treatment Action Group,
Vital Strategies

Resources

Research: opcinfo.org

Policy: drugpolicy.org/issue/overdose-prevention-centers-opcs/

Vermont: decrimvermont.org/opc-faq

New York: Onpointnyc.org/

Rhode Island: weberrenew.org/overdose-prevention-center/

Massachusetts: ma4opc.org/

Additional questions:

Grey Gardner
Senior Policy Counsel
Drug Policy Alliance
ggardner@drugpolicy.org