



February 13th, 2024

For: Support of Overdose Prevention Centers

To: Distinguished Members of the Vermont Legislature

Broken No More was founded in 2010 by Denise and Gary Cullen who lost their 27-year-old son, their only child, Jeff, to an overdose. The majority of the members of Broken No More are parents and other family members who have lost the one they love to an overdose. We struggled alongside our loved ones as they fought to survive their substance use disorder and through this struggle, we came to understand that the criminalization and stigmatization of this medical condition denied us and the ones we love the support, the services, and the interventions necessary to keep them alive.

An Overdose Prevention Center (OPC) is one such intervention. An OPC is a facility in which a person brings pre-obtained substances and uses them in a supportive and nonjudgmental setting under the supervision of medical personnel and trained peers who can intervene in case of an overdose. The primary purpose of these facilities is to reduce overdose deaths, but other goals include reducing the spread of blood-borne diseases, providing access to social services (e.g., housing), medical services, and linkage to substance use treatment or access to treatment on-site. ^{1, 2, 3, 4, 5}

The first OPC was established in Berne, Switzerland in 1986. ⁶ As of this writing, there are almost 200 of these facilities operating in 14 countries: Canada, Germany, Switzerland, France, Portugal, Ukraine, Norway, the Netherlands, Australia, Belgium, Spain, Denmark, Iceland, and the US (two in New York City). ⁷ Since the opening of the first OPC, there have been millions of injections and thousands of overdoses in these facilities. And not one death. No one has ever died of an overdose in an OPC. ^{8, 9}

Over the years, an abundance of evidence on the efficacy of OPCs has been published. Some have questioned the methodological rigor of the research concerning OPCs.^{10, 11} However, while recognizing these methodological difficulties, the scientific community has reached a consensus on the efficacy of OPCs. The consensus is expressed by this statement of the National Institutes of Health and the National Institute on Drug Abuse: “Methodological caveats notwithstanding, drug use supervision and overdose management have the potential to provide health benefits to at-risk PWID (people who inject drugs) as well as economic advantages to the larger community. The preponderance of the evidence suggests these Sites are able to provide sterile equipment, overdose reversal, and linkage to medical care for addiction, in the virtual absence of significant direct risks like increases in drug use, drug sales, or crime.”⁹

These conclusions were also those of the Institute for Clinical and Economic Research: “Evidence from both Vancouver and Sydney found a significant reduction in occurrences of nonfatal overdose and mortality from overdose in the SIF neighborhood and beyond. Furthermore, our research team has not uncovered any report of an overdose death at a SIF, bolstering our confidence in this outcome. SIFs have demonstrated an ability to assist clients with accessing medical, mental health, and social support services, including the use of addiction treatment services.”¹²

From a systematic review of the scientific literature concerning OPCs: “For policymakers, this review relays evidence from a growing body of literature demonstrating the effectiveness of SIFs in reducing overdose mortality and frequency, as well as improving access to addiction treatment. These outcomes were observed with no increase in crime and drug use–related public nuisance. In fact, several included studies in this review documented decreases in crime following the opening of SIFs.”¹³

While opponents of OPCs can cherry-pick data or studies to support their stance, the scientific community has reached the consensus that OPCs are effective in achieving their goals and that they do so without causing harm to the surrounding community. Since opponents of OPCs cannot use science as an argument to support their stance, what is their basis for opposing these facilities?

The arguments used by opponents of OPCs were articulated by former Deputy Attorneys General of the United States Jeffrey A Rosen ¹⁴ and Rod J. Rosenstein. ¹⁵

The arguments are that these Centers enable illicit drug use and, thus, perpetuate addiction instead of treating it. They state that these Centers destroy the surrounding areas because when drug users gather, drug sellers inevitably follow leading to open-air drug markets and increased violence and crime. It is also stated that these Centers send the wrong message to the youth of this country with the Centers normalizing illicit drug use and making it appear that illicit drugs can be used safely and that these Centers will not help to end the drug crisis but exacerbate it.

Neither Mr. Rosen nor Mr. Rosenstein cite any scientific data to support their arguments but, instead, cite newspaper articles and one article from the Atlantic. They use opinions and anecdotes to support their arguments, not science.

The lack of scientific support for these arguments is unsurprising in that they are based not on science or facts, but on morality. They are based on the moral judgment that the use of illicit drugs is an intrinsic evil ¹⁶ and, as such, should be eliminated. Those who hold this moral stance believe that OPCs, by allowing the use of illicit drugs, perpetuate this evil.^{17, 18} They, thus, believe they are morally justified in denying people who use illicit drugs access to an OPC.

Those who use their morality to justify their opposition to OPCs subvert an even greater moral imperative: "It is often said that human life is priceless. No amount of money or other goods equals the value of a human life. The only justification for not preventing the loss of a human life when one can do so is that it would result in the loss of even more lives. In short, only human lives can be balanced against human lives."¹⁹ If suppressing what is believed to be an intrinsic evil creates an even greater evil, then that is not a moral act but an immoral one.

Only if those who oppose OPCs based on their view of morality can demonstrate not by opinion, not by anecdote, but by scientific evidence that more people will die rather than be saved through the operation of an OPC can they justify their opposition on moral grounds. They would, thus, have to demonstrate that more lives are lost because of the OPC than lives saved by the OPC. This they cannot do.

We, the Board of Directors of Broken No More, have experienced the loss of those we love to overdose. Our goal is to prevent others from experiencing this loss. We understand that Overdose Prevention Centers will not solve this overdose crisis, but they are a part of the solution. They will save lives. We fully support the establishment and operation of Overdose Prevention Centers because life, every life, is priceless.

Signed,

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Darleen Berg, MSW, Chairperson, Broken No More

Laura Cash, MA, Board Member, Broken No More

Denise Cullen, LCSW, Co-Founder, Board Member, Broken No More

Mary Stafford, JD, Board Member, Broken No More

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