

The international evidence behind overdose prevention centers (OPCs)

Presentation to the Vermont Senate Committee on Health & Welfare

March 20th, 2024



people
place &
health
collective



BROWN
School of Public Health

Brandon DL Marshall, PhD

Founding Director
People, Place & Health Collective
Professor of Epidemiology
Brown University School of Public Health

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

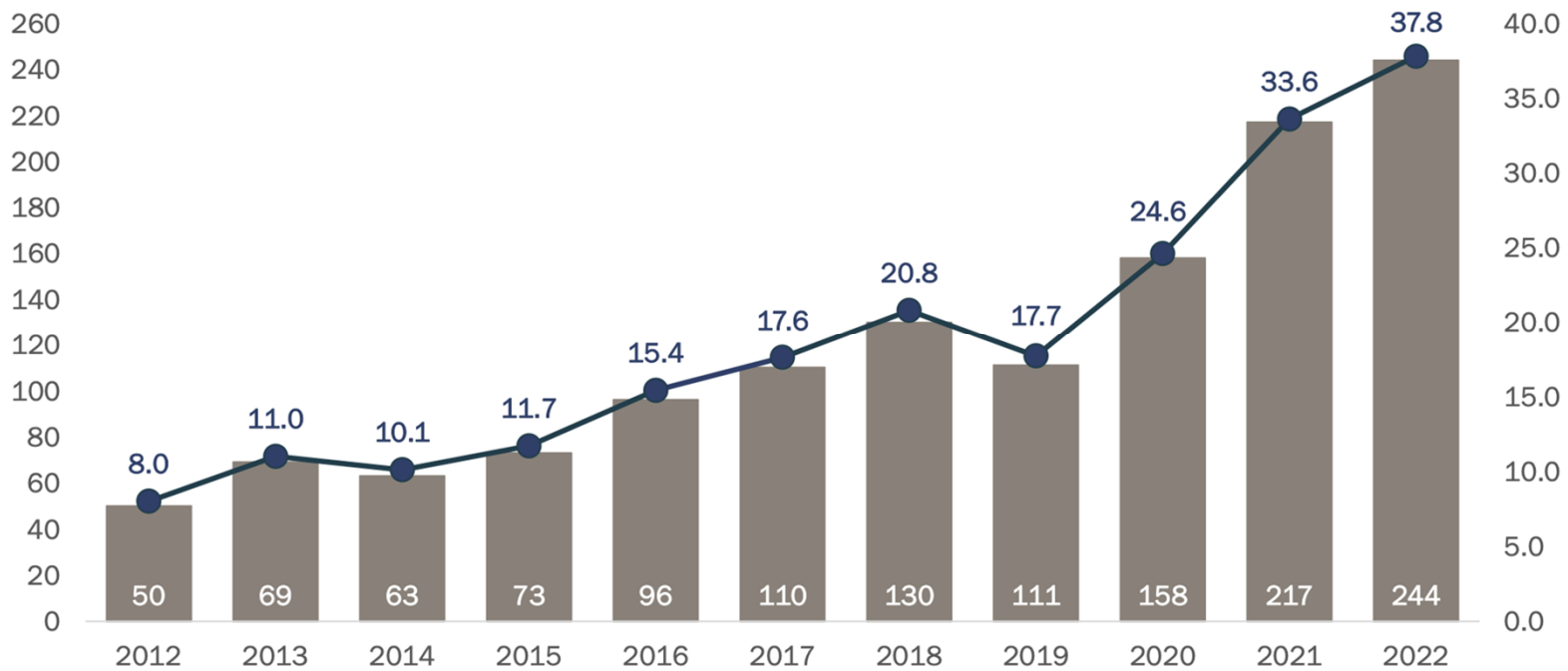
There are more than 200 OPCs operating in ~14 countries

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



OPCs have the potential to benefit Vermont

The number and rate per 100,000 of opioid-related deaths over the past 10 years.



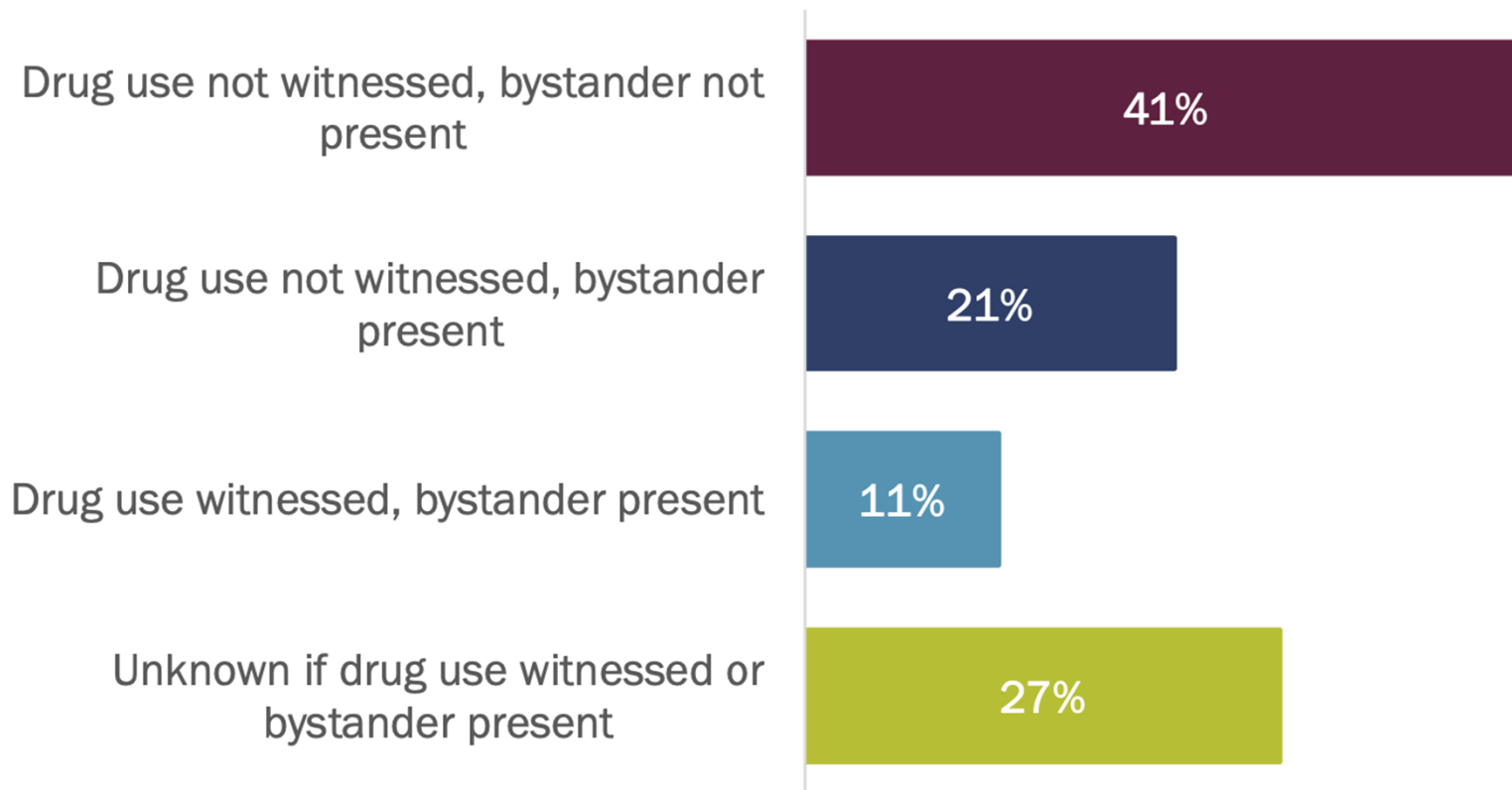
*2022 data is preliminary and subject to change.

Source: <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>



OPCs have the potential to benefit Vermont

Most people who overdosed **did not have a bystander present.**



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Mobile and integrated OPCs in Canada

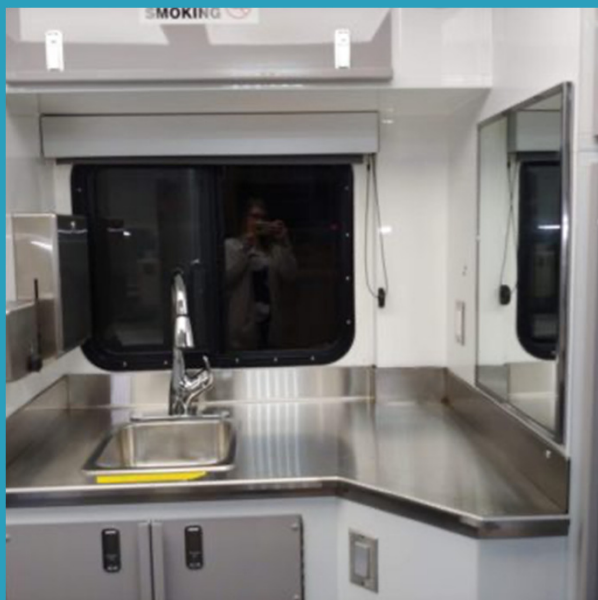




OPCs in remote &
rural areas



<https://northreach.ca/>



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

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

<https://northreach.ca/>



**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

British Columbia Centre
for Excellence in HIV/AIDS

(B D L Marshall PhD,
M-J Milloy MSc, E Wood PhD,
Prof J S G Montaner MD,

T Kerr PhD), Faculty of Medicine
(E Wood, J S G Montaner, T Kerr),

School of Population and Public
Health, University of British
Columbia (M-J Milloy),

Vancouver, BC, Canada; and
Department of Epidemiology,
Mailman School of Public
Health, Columbia University,
New York, NY, USA
(B D L Marshall)

Correspondence to

Thomas Kerr, Urban Health
Research Initiative, BC Centre
for Excellence in HIV/AIDS,

Results

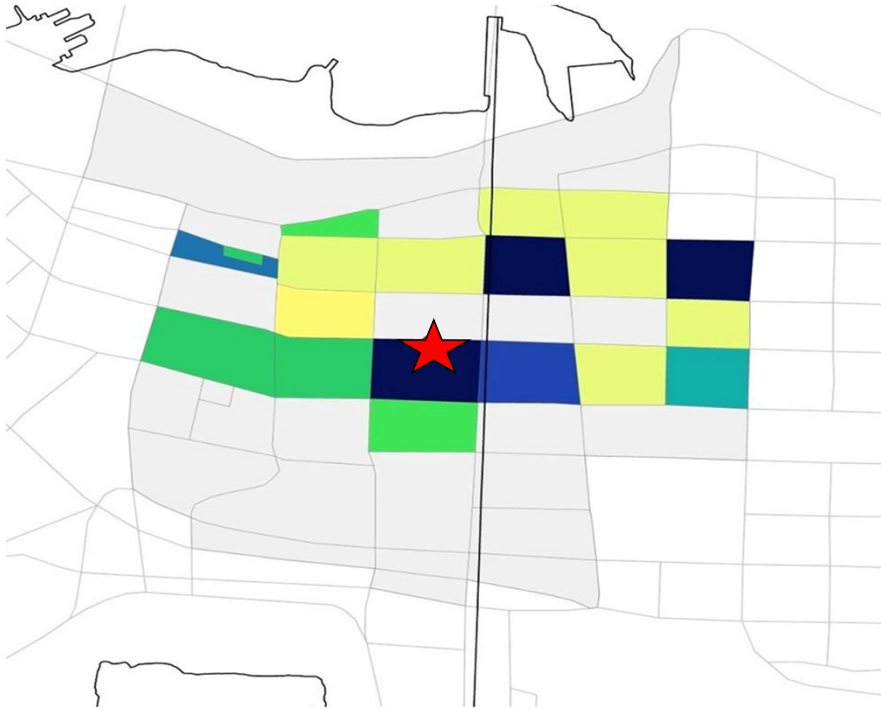
Overdose mortality rate pre-/post-OPC, stratified by proximity to the facility

	<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 per 100,000 people (95%CI)	254 (187 – 320)	165 (109 – 221)	8 (6 – 9)	7 (6 – 8)
Percent reduction (95%CI)	35% (1% - 58%)		9% (-20% - 31%)	

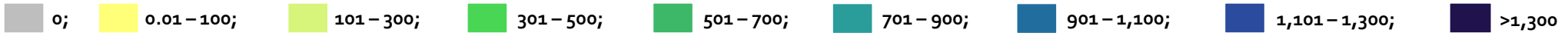
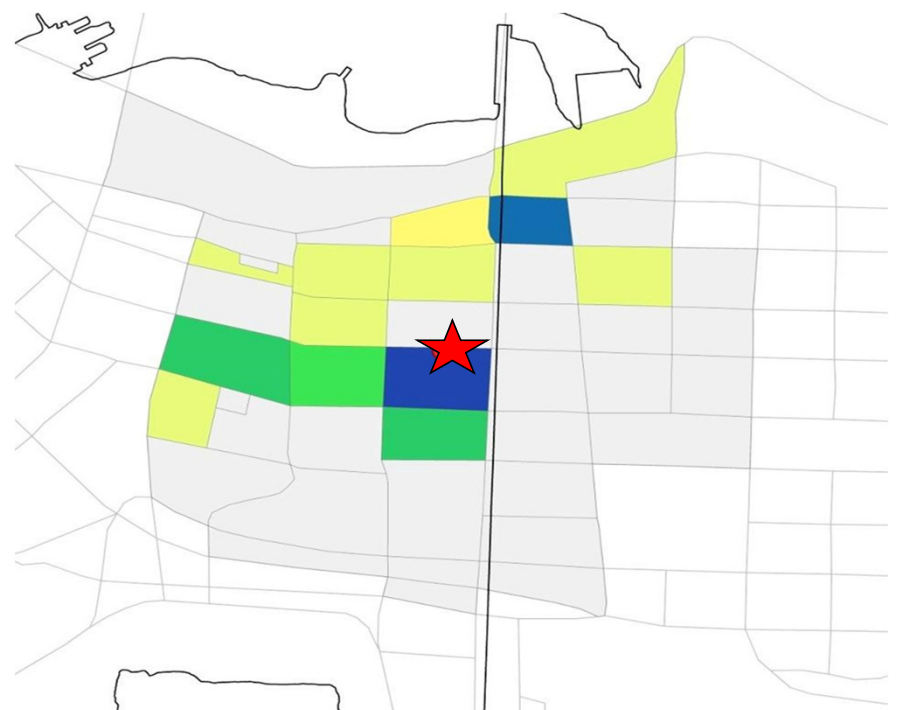
Results

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



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 immediate 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

Mary Clare Kennedy^{1,2*}, Kanna Hayashi^{1,3}, M-J Milloy^{1,2}, Evan Wood^{1,2}, Thomas Kerr^{1,2}

1 British Columbia Centre on Substance Use, St. Paul's Hospital, Vancouver, British Columbia, Canada, **2** Department of Medicine, University of British Columbia, St. Paul's Hospital, Vancouver, British Columbia, Canada, **3** Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia, Canada

Source: <https://doi.org/10.1371/journal.pmed.1002964>



**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

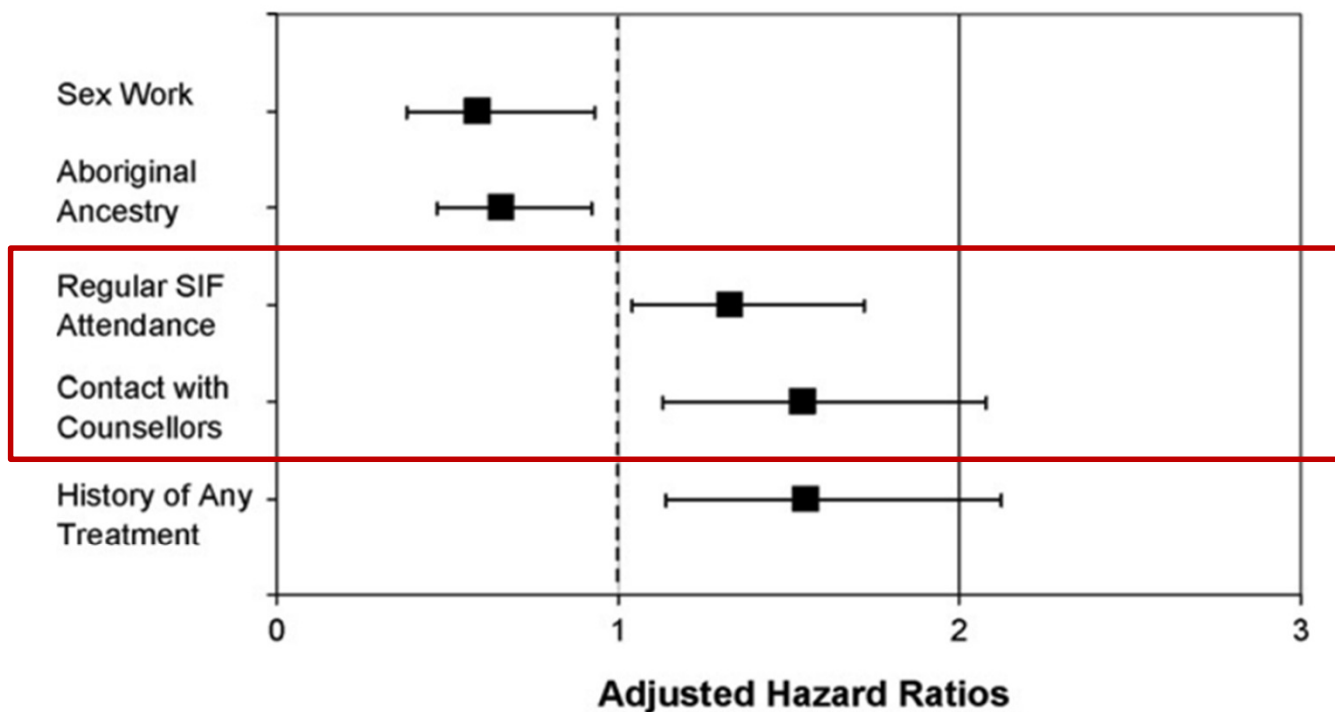





Figure 1. Factors associated with time to enrolment in addiction treatment among clients of Vancouver's supervised injection facility. *Notes:* 'Regular SIF Attendance' was measured at baseline and defined as visiting the SIF at least once per week vs. visiting the SIF less than once per week; 'Contact 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

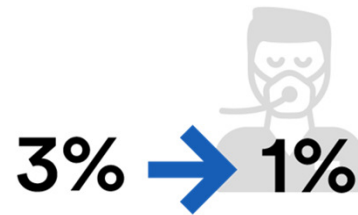
Source: <https://doi.org/10.1093/ije/dyac120>

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:

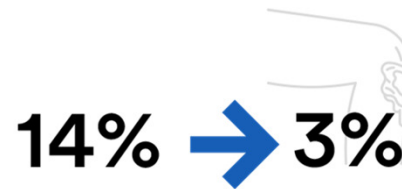
After 12 months

Overdoses
down by **67%**



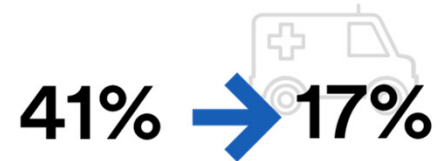
after 12 months

Abscesses
down by **79%**



after 12 months

ED visits
down by **59%**



after 12 months



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/>)

METRO

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.



Providence Officials Approve Overdose Prevention Center

The facility, also known as a safe injection center, will be the first in Rhode Island and the only one in the U.S. outside New York City to operate openly.

PROVIDENCE

Providence authorizes first state-regulated overdose prevention center

Providence approves first state-sanctioned safe injection site in Rhode Island



- ★ 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)
- ★ OPC evaluation in New York City and Rhode Island is funded by the National Institute on Drug Abuse (R01-DA058277) and the Open Society Foundations



brandon_marshall@brown.edu
website: pphcollective.org
twitter: @pph_collective



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Public Health
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keep in touch!