

HOW TO TALK ABOUT OVERDOSE PREVENTION CENTERS

Questions and Answers
to Guide Community Conversations



What Are Overdose Prevention Centers?

Overdose Prevention Centers (OPCs) – also known as safer injecting facilities or safer consumption spaces – are controlled health care settings where people can safely use pre-obtained drugs under clinical supervision. Participants may also receive health care, counseling, and referrals to health and social services, including drug treatment. OPCs are important because they prevent fatal overdose especially for high-risk populations, like street homeless individuals, and they create affirming and stigma-free spaces for engagement for a population that has traditionally been unlikely to engage in formal healthcare services.

With more than 100 OPCs operating in 67 cities over the span of 37 years, no fatal overdose has ever been recorded.

Is there research that Overdose Prevention Centers work?

Overdose Prevention Centers (OPCs) have been around for over 35 years and there are approximately 100+ OPCs operating in 67 cities around the world. There are only two sanctioned OPCs operating in the United States – one in East Harlem and one in Washington Heights. Numerous peer-reviewed scientific studies have proven the positive impacts of OPCs.

These benefits include, but are not limited to:

- **Increased access to drug treatment, especially among people who distrust the treatment system and have higher barriers to access.**
- **Reduced HIV and hepatitis C risk behavior (e.g. syringe and other injection equipment sharing).**
- **Reduced the prevalence and harms of bacterial infections.**
- **Successfully preventing fatal overdoses**
- **Cost savings resulting from reduced disease, overdoses, and need for emergency medical services, and increased preventative health care and drug treatment utilizations.**

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Since the opening of OnPoint, have they been successful?

The short answer: Absolutely.

New York City's two overdose prevention centers have saved hundreds of lives – lives that would have otherwise been lost to overdose. These lives are more than just statistics: they're parents, siblings, and friends who are all alive to fight another day.

The two OPCs, operated by the non-profit OnPoint, are co-located within previously established Syringe Service Programs in Washington Heights and East Harlem, two areas with high concentrations of overdoses.

By adding the additional service of an Overdose Prevention Center to OnPoint's existing programs, as of January 31 2023:

- Over 700 overdose interventions
- 2500+ participants have used the sites, +55,000 unique visits
- Emergency Medical Services were only called 12 times
- Almost 1.5 million units of hazardous waste (syringes and supplies) diverted from parks and public spaces
- Zero fatal overdoses

When you say scale-up and fund harm reduction infrastructure and treatment services, what do you mean?

Currently the whole harm reduction infrastructure (syringe service programs, drug user health hubs, and statewide purchasing of naloxone – the medication that reverses an overdose) is only funded at \$35 million/year. The need for these services have only increased while the budget for these lifesaving programs has remained stagnant for years.

We also have medication-assisted treatment deserts throughout the state. Some people have to travel over an hour every day to receive their methadone, or find a Suboxone provider. We must urgently change this by expanding access to care and treatment services, alongside the continuum of care offered at OPCs.



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Aren't Overdose Prevention Centers just enabling people to use drugs?

The fact is, despite the war on drugs, people will continue to use drugs and are at risk of overdose. Prohibition of alcohol didn't stop people in the US from drinking. But, with Overdose Prevention Centers in place, we can keep people alive another day, and maybe it's one when they choose to access treatment and services.

Evidence shows that harm reduction programs and Overdose Prevention Centers (OPCs) increase the likelihood of people entering drug treatment programs. An OPC in Vancouver found that after their first year of operation, the amount of people entering drug treatment went up by 30%. OPCs connect drug users to medical professionals and social workers who can successfully link participants to treatment services and acts as a warm handoff for people who choose to reduce or stop use, and encourage them to make choices that promote health and wellness.

We also know, some people have struggled to maintain treatment. Harm reduction philosophy is to meet people where they are at, and move them to a more positive and healthy space. This includes slowing down use – OPCs have been effective at encouraging these goals.

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Why should we invest in Overdose Prevention Centers instead of expanding treatment?

We know that many people are not ready yet - or may never be ready - to make the decision to enter treatment. We undeniably know that people cannot enter treatment when they are dead. OPCs ensure that people stay alive, are met with dignity and compassion, and have staff ready to link participants to care for when and if they are ready to engage in treatment.

We are at a crossroads in the overdose crisis, and we need to implement all the tools necessary in changing the tide in the overdose crisis. Implementing and maintaining these tools means rapidly scaling-up and funding other harm reduction infrastructure and treatment services.

The overdose crisis is a kitchen table issue, and affects all corners of the state. In fact, a recent poll showed 64% of New Yorkers from across the state and political affiliation support these life-saving centers.

What we know is over 6,080 New Yorkers died from a preventable overdose in 2021 alone - the second record breaking year in New York State history. That means we are losing one of our community members every hour and 30 minutes. Overdose within Black and Brown communities in particular have continued to rise, and access to services remain fraught with barriers.

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Common Questions & Concerns

“Will OPCs all of a sudden pop up in my neighborhood?”

Opening an OPC in New York has been and would be an intricate process. Community-based programs who desire to open an OPC outside of currently operating syringe service programs would need to apply and successfully complete the extensive waiving process provided by the New York State Department of Health. This process includes engaging with local community members and elected officials – the same process Syringe Service Programs undergo. The authorization of OPCs will create the mechanism for the New York State Department of Health to instate policies and procedures to regulate and fund OPCs.

“Will an OPC make my neighborhood less safe?”

Fewer syringes on the street, in parks, and in other public places means a safer environment for our kids to play in, and for sanitation and parks department employees to work in. Less public drug use means a more comfortable, safe, and predictable environment for everyone, drug-users and non-drug users alike. Perhaps most important for public safety – in the long-term, Overdose Prevention Centers and other harm reduction approaches see impressive success rates in terms of the amount of people choosing to enter drug treatment, which ultimately will reduce drug use, and the crime and harms associated with it.

“Are OPCs the answer to the overdose crisis?”

OPCs are a part of the continuum of care to address the overdose crisis – but are not the only tool we need, although a crucial, critical tool. We must continue to call for every tool in our toolbox to combat the overdose crisis, especially as preventable overdoses continue to rise and the already toxic drug supply continues to worsen. OPCs are just one of those tools, and a vital one that has proven to save lives, while offering a compassionate hand for people when they are ready to reduce or stop their substance use.