

From: [Carroll, John \(BOS\)](#)
To: "Sarah Bourne"; [Board of Supervisors \(BOS\)](#)
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:48:00 PM
Attachments: [image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Sarah Bourne <sarah.j.f.bourne@gmail.com>
Sent: Thursday, October 14, 2021 2:14 PM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors,

My name is Sarah Bourne and I live in District 2. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As a physician in San Francisco, I have witnessed first-hand the impact of the opioid epidemic. I have seen not only the impact of opioid overdoses in the emergency department but also the ripple effects of the epidemic on children and families. As a pediatrician, I have taken care of children who have lost parents to substance use. I have also taken care of many teenagers who have struggled with substance use disorder. I also volunteer in the Tenderloin, and in talking to families who live there have come to understand the impact that the lack of supervised consumption sites has had on children and families who live in the Tenderloin. Therefore, it is not only important to implement overdose prevention sites for those who use substances but also for the broader community in an attempt to address this public health crisis.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

As a physician, I also understand that substance use is a mental illness which requires medical intervention to treat, and that harm reduction in the form of safe consumption sites is a critical public health intervention to decrease the rates of overdoses and decrease some of the ripple effects of the substance use crisis in our city.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

From: [Carroll, John \(BOS\)](#)
To: "Minaya, Katherine"
Cc: [Calvillo, Angela \(BOS\)](#); [Board of Supervisors \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:48:00 PM
Attachments: [image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Minaya, Katherine <Katherine.Minaya@ucsf.edu>
Sent: Thursday, October 14, 2021 2:05 PM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors,

My name is Katherine Minaya, I live in The Tenderloin/SOMA. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

Katherine Minaya, M.D.

UCSF Pediatrics, PGY-3

PLUS: Pediatric Leaders Advancing Health Equity

Katherine.Minaya@ucsf.edu | she/her

From: [Carroll, John \(BOS\)](#)
To: "Kristen Moore"
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:47:00 PM
Attachments: [image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Kristen Moore <kristenmmoore@gmail.com>
Sent: Thursday, October 14, 2021 9:06 AM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors,

My name is Kristen Moore, I live in District 8, and work in both Districts 6 and 9. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

This issue is incredibly important to me as a psychotherapist who specializes in harm reduction for substance use and also serves as the Director of Programs for San Francisco SafeHouse, a non-profit here in San Francisco that works with women who have experienced sexual exploitation and gender-based violence. I support overdose prevention sites both as a general intervention to insure those using substances get proper care and support and as a specific intervention for gender based violence. Many unhoused women who use substances are forced to make difficult choices about where and how to use-- using alone can lead to overdose and death but the reality of the clients I work with is that using in groups in unsafe locations often leads to sexual assault and violence. This deepens existing cycles of trauma and creates more barriers to changing patterns of substance use.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, proclaim an emergency on the overdose crisis and immediately implement overdose prevention sites.

Sincerely,
Kristen Moore, District 8

From: [Carroll, John \(BOS\)](#)
To: [Deering, Laura; Board of Supervisors, \(BOS\)](#)
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:47:00 PM
Attachments: [image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Deering, Laura <Laura.Deering@ucsf.edu>
Sent: Thursday, October 14, 2021 12:10 AM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors,

My name is Laura Deering, I live in SF district 6, and I am a resident physician in pediatrics. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As a pediatrician, I often care for children whose lives are touched by drug use in a wide variety of ways. Some of them have lost family members to drug overdose, others have started to use drugs themselves, and others are deeply affected by the drug use they see every day on their walk to school. I believe implementing overdose prevention sites would aid in reducing the number of overdoses in our community and the ripples of trauma that touch families' lives following such a death.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

Laura Deering, MD

From: [Carroll, John \(BOS\)](#)
To: [Board of Supervisors, \(BOS\)](#); michelle.olding@ucsf.edu
Cc: ["Calvillo, Angela \(BOS\)"; Mchugh, Eileen \(BOS\)](#)
Subject: FW: Public Safety and Neighbourhood Services Committee - Public Comment - File #210946
Date: Wednesday, October 13, 2021 3:37:00 PM
Attachments: [Olding et al \(2020\) A low-barrier and comprehensive community-based harm reduction site in Vancouver, Canada.pdf](#)
[image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Olding, Michelle <Michelle.Olding@ucsf.edu>
Sent: Wednesday, October 13, 2021 2:36 PM
To: Carroll, John (BOS) <john.carroll@sfgov.org>

Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>

Subject: Public Safety and Neighbourhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors

My name is Michelle Olding, I live in District 8 and I am a researcher who studies the implementation and public health impacts of overdose prevention sites. I am writing to urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As you are no doubt aware, the United States has seen a dramatic and prolonged rise in drug overdose deaths that has only worsened during the COVID-19 pandemic. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths to overdose this year. The severity and persistence of this overdose crisis calls for innovative, evidence-based and compassionate strategies to prevent further deaths.

The evidence supporting overdose prevention sites is unequivocal: these facilities save lives and make their broader communities safer. Through my doctoral research, I have studied the implementation of overdose prevention sites in Vancouver, Canada as a response to the overdose crisis. I had been fortunate to witness first-hand and document how these sites have been successful in preventing overdose deaths by creating safe, clean, and low-barrier spaces for people to use drugs. One study I have recently published in the American Journal of Public Health found that one such overdose prevention site in Vancouver, Canada had an average of 180 visits each day, reversed an average of one overdose per day, and improved access to health care and substance use treatment. **Critically, there has not been a single overdose fatality at this or any other overdose prevention site operating worldwide.**

The overdose crisis is one of the greatest threats to the lives and well-being of residents of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. You have the power to help end this crisis. Please, take action now to prevent future deaths by implementing overdose prevention sites.

Sincerely,

Michelle Olding, MPH, ABD

Visiting Graduate Scholar

UCSF – Dept. of Humanities and Social Sciences

Phone: (415) 568-7162

Email: michelle.olding@ucsf.edu

Pronouns: she/her/hers

A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada

“The Molson” is a low-barrier, peer-staffed, supervised consumption site located in Vancouver, Canada. In addition to overdose response, this site offers drug checking and a colocated injectable hydromorphone treatment program, and it distributes tablet and liquid hydromorphone to service users at high risk of overdose. Our evaluation suggests benefits of this program in creating service continuums and preventing overdose deaths. From September 2017 to August 2019, the site had 128 944 visits, reversed 770 overdoses, and had no overdose deaths. (*Am J Public Health*. 2020;110:833–835. doi: 10.2105/AJPH.2020.305612)

Michelle Olding, MPH, Andrew Ivsins, PhD, Samara Mayer, MPH, Alex Betsos, MSc, Jade Boyd, PhD, Christy Sutherland, MD, Coco Culbertson, Thomas Kerr, PhD, and Ryan McNeil, PhD

Supervised consumption sites provide safer spaces for people to consume drugs while monitored by staff trained in overdose response.¹ We describe a low-barrier, peer-staffed, supervised consumption site in Vancouver, Canada, novel for its integration of drug checking services and programs (1) providing injectable hydromorphone as a treatment of opioid use disorder and (2) distributing hydromorphone (in tablet and liquid form) as a harm-reduction measure to reduce the harms of fentanyl in the illicit opioid supply.

INTERVENTION

The Molson Overdose Prevention Site (OPS) and Learning Lab (“the Molson”) is operated by the Portland Hotel Society (PHS), a nonprofit organization providing housing, health care, and other services. The Molson is a provincially sanctioned low-barrier OPS (e.g., accommodates peer-to-peer assisted injections and drug sharing) staffed primarily by people who use(d) illicit drugs (“peers”). People may ingest, snort, or inject drugs on-site. During an overdose, staff administer oxygen and naloxone and may temporarily close the site to facilitate response or paramedic access. Drug checking

using Fourier-transform infrared spectroscopy and immunoassay test strips are available twice weekly for people to check their drugs for potency and adulteration. Two nurse-run programs distribute physician-prescribed hydromorphone to PHS patients, including a medically supervised injectable opioid agonist treatment (iOAT) and a novel liquid or tablet hydromorphone distribution program.

PLACE AND TIME

Opened in September 2017, the Molson is located in Vancouver’s open-air illicit drug market.

PERSON

People who use drugs.

PURPOSE

In 2016, the provincial government issued a ministerial order directing regional health authorities to establish and fund OPSs to monitor and respond to overdoses.² The Molson aims to

prevent overdose deaths and reduce drug-related harms (e.g., HIV).

IMPLEMENTATION

The Molson OPS is modeled after low-barrier sites initially established by local activists.² Peer staff are recruited primarily through PHS harm-reduction programs and receive training in overdose response. Open daily from 1 PM to 11 PM, the OPS accommodates up to 16 people at a time. A front-desk attendant greets people, records their pseudonym and drug being used, and assigns tables. The Molson operates with a “shared responsibilities code” that stipulates expectations about space use (e.g., no passing money or uncapped syringes). A flexible 15-minute time limit is implemented to prevent wait times, although people may remain in a “chill space” for as long as needed. Starting October 2018, Fourier-transform infrared spectroscopy drug checking became available on Tuesdays and

ABOUT THE AUTHORS

Michelle Olding, Andrew Ivsins, Samara Mayer, Alex Betsos, Jade Boyd, and Thomas Kerr are with the BC Centre on Substance Use, Vancouver, Canada. Christy Sutherland and Coco Culbertson are with the Portland Hotel Society, Vancouver, Canada. Ryan McNeil is with the Yale University School of Medicine, New Haven, CT.

Correspondence should be sent to Ryan McNeil, 333 Cedar St, New Haven, CT 06510 (e-mail: Ryan.mcneil@yale.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This article was accepted January 27, 2020.

doi: 10.2105/AJPH.2020.305612

Thursdays. Wait times for drug checking fluctuate but can reach an hour when there is high demand.

In December 2017, PHS began operating an iOAT program within the Molson, adjacent to the OPS. There are currently 60 people enrolled in iOAT. The program has a separate locked buzzer entrance, and is separated from the OPS by a partial wall with a door. In the iOAT treatment area, enrollees can receive two daily doses of hydromorphone (max = 200 mg/dose) in syringes, a maximum of 400 milligrams per day. Injections are self-administered, or administered intramuscularly by nursing staff. This program operates from 8 AM until 5 PM. Full-time on-site staffing consists of nurses, a program coordinator—mental health worker, and peer workers. A physician and social worker are on-site one to two days a week.

In January 2019, the Molson launched a hydromorphone distribution program. Currently, 59 people receive tablets and 10 receive injectable liquid hydromorphone. Enrollees are prescribed a daily dose of nurse-administered hydromorphone from a station in the OPS. Tablet enrollees receive up to 16 milligrams (two 8-mg tablets) of hydromorphone each hour, for a maximum of 80 milligrams per day. Injectable liquid enrollees receive an equivalent amount. Hydromorphone must be consumed on-site under nurse supervision, and can be taken orally, intranasally, or by injection.

In both hydromorphone programs, patients receive their hydromorphone, concurrent oral therapies (e.g., methadone or sustained-release oral morphine), and any other medications they require (e.g., antiretrovirals).

EVALUATION

We drew from PHS program data and targeted qualitative data collection to characterize program implementation. From August 2018 to August 2019, we conducted 91 interviews with people about their experiences using services, five interviews with peer staff regarding program operations, and 200 hours of ethnographic observation. We thematically analyzed interview transcripts and field notes in NVivo, a qualitative analysis software program (QSR International, Melbourne, Australia).

From September 2017 to August 2019, there were 128 944 visits to the Molson OPS, and staff responded to and reversed 770 overdoses. No overdose deaths occurred on-site. With knowledge of and experience using illicit drugs, peer staff expressed confidence they could assess people's tolerance and prevent overdoses by advising people to start with lower doses. Some peer staff viewed their employment as a form of harm reduction, as financial compensation alleviated pressure to engage in criminalized forms of income generation. The low-barrier model was preferred by people for whom more medicalized models are not desirable, particularly those requiring assisted injecting.

People accessing drug checking reported feeling more knowledgeable about the drugs they consumed and desired increased availability of and specificity from the drug-checking technology. People using opioids were primarily interested in the mixture analysis to determine fentanyl potency and adjust dosage. For people using stimulants (primarily methamphetamine), drug-checking results

were used to avoid fentanyl exposure.

The colocation of the OPS and the iOAT program facilitated connections between treatment and OPS services given both the physical proximity and the connections between iOAT and OPS staff.

People enrolled in the hydromorphone distribution program described the convenience of having the program integrated within a service they already use. However, participants discussed the inconvenience of having to wait when the OPS was full or access was restricted during an overdose. Occasionally, OPS wait times resulted in delayed or missed doses. The operating hours of the OPS were difficult for participants who required opioids in the morning to avoid withdrawal.

The Molson's overdose response extends beyond the site. Staff share information about adulterated drugs with the local health authority, who broadcasts this information to other service providers and people who use drugs through weekly Community of Practice meetings and an anonymous text-messaging service. Approximately 400 peer workers have received training in overdose response through the Molson's learning lab.

ADVERSE EFFECTS

Clinical studies indicate that injectable opioid treatments confer greater risks of adverse effects than oral treatments; however, these risks are minimal compared with those of injecting illicit drugs, especially within the context of widespread fentanyl adulteration, and are mitigated through nurse supervision and treatment of postinjection reactions.^{3,4} The integration of

multiple services in one location presented the challenges of ensuring adequate space for all services, managing noise from the OPS, and maintaining patient confidentiality.

SUSTAINABILITY

Supervised consumption sites have proven cost-effective in preventing overdose deaths and blood-borne diseases.⁵ However, staff burnout and turnover undermine sustainability. As observed at other OPSs, peer workers experience stress and trauma related to poverty and criminalization that is compounded by overdose response, yet they receive minimal financial compensation and benefits.⁶ Peer supervisors receive a living wage (including benefits),⁷ and all staff have access to counseling. Further improvements in peer staff remuneration, job security, and benefits would enhance program sustainability.

PUBLIC HEALTH SIGNIFICANCE

This evaluation indicates benefits of a low-barrier and peer-staffed comprehensive harm-reduction service in preventing overdose deaths and creating a service continuum. It suggests that OPSs are promising sites for colocated iOAT, drug checking, and "safe supply" programs that distribute pharmaceutical drugs to people vulnerable to overdose. Such programs are needed to prevent overdoses, facilitate connections to treatment, and provide alternatives to the toxic illicit drug supply. *AJPH*

CONTRIBUTORS

M. Olding, A. Ivsins, S. Mayer, and A. Betsos collected data, analyzed data, and drafted the manuscript. J. Boyd, T. Kerr,

and R. McNeil oversaw study design and implementation. C. Sutherland and C. Culbertson provided programmatic information. All authors contributed to data interpretation and article revisions.

7. Ivanavoa I, Saugstad L. *Working for a Living Wage: 2019 Update*. Vancouver, Canada: Canadian Centre for Policy Alternatives BC Office; 2019.

ACKNOWLEDGMENTS

This work was supported by the US National Institutes of Health under award number R01DA044181.

This article is dedicated in memory of Sandra Czechaczek, a member of our research team and advocate for harm reduction.

We thank the Molson staff and program users for their participation in this study. We also acknowledge the important contributions of Al Fowler and Sandra Czechaczek to study design and recruitment.

CONFLICTS OF INTEREST

Through independent investments, C. Sutherland's spouse owned stock in a private company (Adamic Pharmaceuticals) involved in development of a naloxone delivery system from April to December 2019, when these were sold at a financial loss to avoid potential conflicts. No other authors have conflicts to declare.

HUMAN PARTICIPANT PROTECTION

This study was approved by the University of British Columbia–Providence Health Care Research Ethics Board.

REFERENCES

1. Kerr T, Mitra S, Kennedy M, McNeil R. Supervised injection facilities in Canada: past, present and future. *Harm Reduct J*. 2017;14(1):28.
2. Wallace B, Pagan F, Pauly B. The implementation of overdose prevention sites as a novel and nimble response during an illegal drug overdose public health emergency. *Int J Drug Policy*. 2019;66:64–72.
3. Strang J, Groshkova T, Uchtenhagen A, et al. Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *Br J Psychiatry*. 2015;207(1):5–14.
4. Oviedo-Joekes E, Brissette S, MacDonald S, et al. Safety profile of injectable hydromorphone and diacetylmorphine for long-term severe opioid use disorder. *Drug Alcohol Depend*. 2017;176(1):55–62.
5. Bayoumi A, Zaric G. The cost-effectiveness of Vancouver's supervised injection facility. *CMAJ*. 2008;179(11):1143–1151.
6. Kennedy M, Boyd J, Mayer S, Collins A, Kerr T, McNeil R. Peer worker involvement in low-threshold supervised consumption facilities in the context of overdose epidemic in Vancouver, Canada. *Soc Sci Med*. 2019;225:60–68.

Reproduced with permission of copyright owner. Further reproduction prohibited without permission.