

Summary of Peer-reviewed Scientific Literature on Overdose Prevention Sites

Alex H. Kral, PhD
Distinguished Fellow
RTI International



Budget and Finance Committee Hearing
San Francisco Board of Supervisors
January 11, 2023



Overdose Prevention Sites (OPS)

- Overdose Prevention Sites are places where people can use pre-obtained drugs under the supervision of a health professional equipped with oxygen and/or naloxone.
- OPS are also called safe consumption sites, supervised injection facilities and drug consumption rooms.
- They can be stand-alone sites or part of a larger site providing a broad set of services as is being proposed in the wellness hub model.

Overdose Prevention Sites (OPS)

- Legally sanctioned OPS have existed for over 35 years and currently operate in over 150 cities in 15 countries in Europe, Australia, Canada, and USA.
- The first government sanctioned OPS in the US opened on November 30, 2021 by OnPoint NYC in New York City.

Scope of Peer-reviewed Science on OPS

- Over 100 articles published in the peer-reviewed medical and epidemiological literature on OPS
- Scientists in Europe, Canada, Australia, Mexico and the United States
- Academic disciplines of studies include epidemiology, medicine, sociology, anthropology, psychology, economics, criminology, law, and public health.
- Study methods have included quantitative, qualitative, ethnography, and cost-benefit analyses.
- Articles in the top medical journals of the world: *NEJM*, *the Lancet*, *JAMA*, *AJPH*, *British Medical Journal*

Global Evidence of OPS effectiveness: Impact on people who use OPS

- **Reduce overdose deaths** (Marshall et al *Lancet*; Milloy et al *PLoS One*; Harocopos et al *JAMA Netw Open*)
- **Reduce HIV, HCV, and risk behavior** (Salmon et al *Aus NZ J Pub health*; Fast et al *HRJ*; Stoltz et al *J Pub Health*; Bravo et al *Addiction*)
- **Reduce frequency of drug use** (DeBeck et al *Drug Alc Dep*; Wood et al *Addiction*)
- **Improve access to health and social services** (Small et al *Drug Alc Rev*; Small et al *Drug Alc Dep*; Potier et al *Drug Alc Dep*)
- **Increase access to substance use disorder treatment** (DeBeck et al *Drug Alc Dep*; Wood et al *Addiction*)

Global Evidence of OPS effectiveness: Impact on communities

- Reduce public injection and improper disposal of needles in streets (Stoltz et al *J Pub Health*, Wood et al *CMAJ*)
- Reduce drug-related crime and violence (Wood et al *Sub Abuse Treat Prev Policy*)
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- Reduce the demand for ambulance services for opioid-related overdoses. (Potier et al *Drug Alc Dep*; Salmon et al *Addiction*)

OPS effectiveness in United States: Impact on people who use OPS

- NYC: Nearly 6,000 drug consumption events, 54 overdose interventions with naloxone or oxygen, no fatalities (Harocopos et al *JAMA Netw Open*)
- Unsanctioned site: Over 10,000 injections, 33 overdoses, no fatalities (Kral et al, *New Engl J Med*)
- People using OPS had 54% fewer emergency department visits and spent 50% fewer nights in hospital (Lambdin et al, *J Gen Int Med*)
- People using OPS had 83% lower rates of receptive syringe sharing, though not statistically significant (Suen et al, *JAIDS*)

OPS effectiveness in United States: Impact on community

- 58% lower rates of the number of improperly disposed syringes per number of injections in prior 30 days (Kral et al, *Drug Alc Dependence*)
- The neighborhood around OPS had a statistically significant decline in crime over the post-intervention period compared to Control area (Davidson et al; *Drug Alc Dependence*)

Cost-effectiveness of OPS in US

- **San Francisco** (Irwin et al *Drug Alc Dep*)
 - Each dollar spent on OPS would generate \$2.33 in savings,
 - Total annual net savings of \$3.5 million for a single 13-booth OPS annually
- **Baltimore** (Irwin et al *HRJ*)
 - Single OPS would save \$7.8 million annually
- **Providence** (Chambers et al *Int J Drug Policy*)
 - The OPS would save \$1.1 million annually compared to syringe service program
- **New York City** (Behrends et al *J Sub Abuse Treat*)
 - One OPS would save \$0.8-\$1.6 million annually
 - Four OPS would save \$2.9-\$5.7 million annually

Summary of Peer-reviewed Science

- The science is rigorous and extensive.
- Every peer-reviewed study has found positive impact of OPS on people who use them and the communities in which they are placed.
- No peer-reviewed study has found any negative impact of OPS.