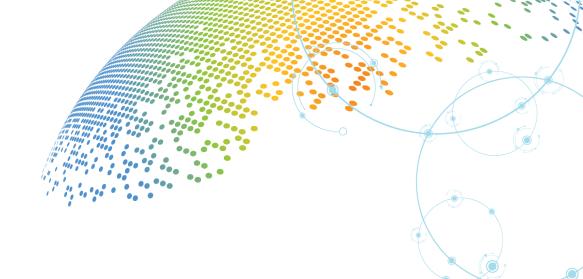
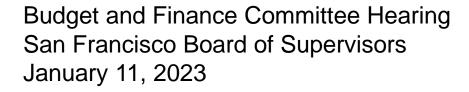
Summary of Peer-reviewed Scientific Literature on Overdose Prevention Sites

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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-along 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)
- 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.