



The Policy Landscape of Overdose Prevention Centers in the United States

By Chelsea Boyd

Expanding access to harm reduction services saves lives, and OPCs are yet another harm reduction tool that policymakers can use to improve public health.

Executive Summary

The United States is in the midst of an overdose crisis.¹ One promising harm reduction intervention that could prevent overdoses and curb the crisis is overdose prevention centers (OPCs). OPCs are facilities where people who use drugs (PWUD) can consume pre-obtained substances under medical supervision.² In addition to supervised consumption services, OPCs often provide other harm reduction and basic services, such as syringe exchange, treatment referrals, wound care, public assistance referrals and more.³ The first OPC opened in Switzerland in the 1980s, and OPCs now exist in at least 11 countries.⁴

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2. Elizabeth A. Samuels et al., "Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis," *JAMA Network Open* 5:7 (July 15, 2022). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794326>.

3. Ibid.; National Institute on Drug Abuse, "Overdose Prevention Centers," Department of Health and Human Services, last accessed Aug. 24, 2022. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

4. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; Seth Clark et al., "Escalating Overdose Deaths Necessitate an Overdose Prevention Center in Rhode Island," *Rhode Island Medical Journal* (March 2021). <http://www.rimed.org/rimedicaljournal/2021/03/2021-03-18-commentary-clark.pdf>.

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Evidence supporting OPCs largely comes from the facilities operating in Canada and Australia.⁵ Evaluations of these centers have shown that they are remarkably effective at decreasing health harms associated with drug use, and there has never been a reported overdose death at an OPC.⁶ Additionally, OPCs have been shown to reduce syringe and consumption equipment sharing, decrease overdose deaths in the area around the center, prevent new HIV and hepatitis C infections, increase treatment uptake and decrease public injecting and syringe litter.⁷ Studies also have found that OPCs do not increase crime or drug use.⁸ Nevertheless, in both Canada and Australia, advocates who wanted to open the facilities faced uphill battles that left the OPCs in legal limbo for many years before ultimately receiving permanent legal authorization.⁹

The United States currently has two locally sanctioned OPCs in operation in New York City, and several states and cities are working toward opening OPCs despite their federally illegal status under the Controlled Substances Act (CSA).¹⁰ Although no jurisdiction other than New York City has opened an OPC in the United States, these centers have been authorized by policymakers at the state, county and local levels.¹¹ In addition to New York City, Philadelphia, Seattle, Rhode Island and California have made progress toward authorizing OPCs.¹²

Policymakers at every level of government can take action to facilitate the opening of OPCs. Local policymakers and groups, such as mayors or city councils, can authorize OPCs, although this path provides the least protection from state or federal interference.¹³ States can pass legislation that authorizes OPCs through pilot

Canada and Australia Prove the Effectiveness of OPCs



reported overdose deaths at Canadian and Australian OPCs.

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6. Irwin et al. <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>.
7. Ibid.; Boyd. <https://www.tandfonline.com/doi/abs/10.3109/09687637.2012.755495>; National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; Mary Clare Kennedy et al., "Supervised Injection Facility Utilization Patterns: A Prospective Cohort Study in Vancouver, Canada," *American Journal of Preventive Medicine* 57:3 (September 2019), pp. 330-337. <https://pubmed.ncbi.nlm.nih.gov/31377091>; Kathleen Dooling and Michael Rachlis, "Vancouver's supervised injection facility challenges Canada's drug laws," *CMAJ* 182:13 (Sept. 21, 2010), pp. 1440-1444. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2942917>; Vincent Tran et al., "Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients," *Risk Management and Healthcare Policy* 14 (Nov. 15, 2021), pp. 4639-4647. <https://pubmed.ncbi.nlm.nih.gov/34815725>.
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programs, which allows them to be rigorously evaluated and ensures that an OPC's existence does not conflict with state law.¹⁴ Nevertheless, federal action legitimizing OPCs is also necessary. Congress could consider amending the CSA to clarify that OPCs do not violate the act or stipulate that federal funds cannot be used to enforce the CSA in regard to OPCs.¹⁵ Alternatively, the administration could release a memorandum stating that the federal government will not interfere with OPCs operating under state or local authorization, or the Department of Justice could release a similar statement.¹⁶ The challenge with either of those actions is that future administrations could decide not to honor these statements. Regardless of how OPCs are authorized, policymakers can apply pragmatic approaches to authorize them in their jurisdictions. These include getting community buy-in, working with law enforcement, formalizing requirements for operation and evaluation and ensuring that the facilities and policies are designed to meet the needs of the populations they serve.

Introduction

In 2021, an estimated 107,622 people died from overdoses in the United States, representing a 15 percent increase over 2020.¹⁷ The vast majority of these deaths were associated with the use of opioids.¹⁸ Although this loss of life is reason enough to take action, the economic costs of opioid use disorder and overdose are also staggering and compelling. The estimated economic burden associated with opioid misuse, dependence and overdose was \$1.02 trillion in 2017, and this number has likely grown in tandem with overdose deaths.¹⁹

The vast majority of fatal overdoses can be prevented with timely medical intervention.²⁰ As such, one harm reduction intervention that can decrease the incidence of fatal overdose are OPCs, also called supervised consumption facilities, supervised injection sites or drug consumption rooms.²¹ OPCs are places where PWUD can consume pre-obtained substances under the supervision of medical or other staff trained to respond to an overdose.²² They can exist as fixed locations or mobile locations, and some are even integrated into hospitals.²³ In addition to supervised consumption, OPCs often provide other services, including the provision and disposal of syringes and drug consumption equipment; medical care; infectious disease testing; counseling; housing-assistance referrals, food- and public-assistance resources; and substance use treatment initiation or referral.²⁴ When combined with other harm reduction measures, supervised consumption can improve health outcomes for PWUD and save lives.²⁵

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14. "Supporting And Sustaining Access To Harm Reduction Services For People Who Use Drugs," National Governors Association, Aug. 11, 2022. <https://www.nga.org/center/publications/supporting-and-sustaining-access-to-harm-reduction-services-for-people-who-use-drugs>; Ben Longnecker, "Federal Ignorance and the Battle for Supervised Injection Sites," *University of Miami Law Review* 74:4 (2020). <https://repository.law.miami.edu/umlr/vol74/iss4/8>.

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Despite strong evidence supporting OPCs as a public health strategy, they are controversial. Opponents fear that OPCs will increase crime and normalize or increase drug use, though data from international OPCs does not bear out these concerns.²⁶ Opponents also argue that OPCs amount to de facto decriminalization of drugs, as police officers cannot arrest people for possession of controlled substances in a designated area around the OPC.²⁷ In arguing against OPCs, opponents sometimes cite studies that have found little or no impact on overdose outcomes in communities that have opened OPCs.²⁸ Supporters of OPCs cite mounting evidence that they are cost-effective; do not increase crime; decrease overdose deaths; increase uptake of treatment resources; prevent new cases of HIV and hepatitis C; and decrease high-risk drug consumption behaviors such as sharing syringes and other supplies.²⁹

The first OPC opened in Berne, Switzerland, in June 1986.³⁰ Since then, OPCs have expanded across at least 11 countries.³¹ In most places outside of Western Europe, progress in opening legally sanctioned OPCs was slow and involved advocates opening unsanctioned centers before acquiring governmental endorsement.³² This has also been the case in the United States. Before the first two legally sanctioned OPCs opened in New York City in November 2021, there was at least one unsanctioned OPC operating in the United States.³³ Additionally, even though the OPCs in New York City are authorized by the city, they are considered illegal at the federal level under statute 21 USC 856 of the CSA.³⁴ This statute, colloquially known as the “crack house statute,” makes it illegal to “knowingly open, lease, rent, use or maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing or using any controlled substance.”³⁵ It also imposes criminal penalties upon anyone who knowingly manages or controls a place that they make available for the purpose of using a controlled substance.³⁶



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27. Andrew C. McCarthy, “Federal Crack-House Law Withstands Progressive Challenge,” *National Review*, Oct. 16, 2021. <https://www.nationalreview.com/2021/10/federal-crack-house-law-withstands-progressive-challenge/>; Feldman. <https://whyy.org/articles/civic-groups-argue-supervised-injection-site-will-boost-crime>.

28. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

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34. Joanna R. Lampe, “Reducing Harm or Enabling Substance Abuse? Supervised Injection Sites Under Federal Drug Law,” *Congressional Research Service*, Nov. 22, 2019, p. 2. <https://crsreports.congress.gov/product/pdf/LSB/LSB10364>; “21 USC 856: Maintaining drug-involved premises.” <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section856&num=0&edition=prelim>; William Neuman, “De Blasio Moves to Bring Safe Injection Sites to New York City,” *The New York Times*, May 3, 2018. <https://www.nytimes.com/2018/05/03/nyregion/nyc-safe-injection-sites-heroin.html?ribbon-ad-idx=4&rref=nyregion&module=ribbon&version=context®ion=Header&action=click&contentCollection=N.Y.%20%2F%20Region&pgtype=article>; Jennifer H. Diggles, “Constitutional Law – Supervising Consumption: The Argument for Supervised Injection Facilities as a Valid Exercise of States’ Police Power,” *Western New England Law Review* 42:1 (2020). <https://digitalcommons.law.wne.edu/lawreview/vol42/iss1/5>.

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Despite statute 21 USC 856, several states and municipalities have indicated interest in or taken steps toward opening OPCs.³⁷ This progress is critical, given the scope of the overdose crisis and the need for expanding all harm reduction services—not just OPCs—to help PWUD. Now that New York City has opened two OPCs and the Department of Justice is in discussions with an OPC hoping to open in Philadelphia, policymakers should familiarize themselves with the evidence on OPCs and the political landscape associated with their creation.³⁸ This study will describe the evidence supporting OPCs, summarize the policy landscape around OPCs in five jurisdictions and provide policy recommendations for policymakers interested in authorizing OPCs.

International OPCs and Supporting Evidence

Currently, more than 120 OPCs are operating in Canada, Australia and throughout Europe.³⁹ Most OPC data and evidence comes from Canada and Australia, largely because of the evaluation requirements mandated by the legislation that authorized the sites.⁴⁰

Australia

Australia's first OPC opened in Sydney in 2001; however, it was not until 2010 that the facility was authorized to operate on an ongoing basis rather than as a trial requiring parliamentary reauthorization every four years.⁴¹ Australia established its second OPC in Melbourne in 2018.⁴²

Evaluations of the Sydney OPC have shown that ambulance calls for suspected overdoses significantly decreased in the immediate vicinity of the OPC compared to the number of calls in areas further away.⁴³ Additionally, another study of the Sydney OPC showed that long-term clients of the OPC were more likely to use other health services, and 48 percent of clients who participated in the study had engaged with nearby health services for the first time since they began visiting the OPC.⁴⁴ The same study also found that the proportion of long-term clients who were currently engaged with treatment for opioid use disorder increased from 61 percent to 93 percent during the study period.⁴⁵ Other positive outcomes of the Sydney OPC included reported decreases in syringe sharing and reuse among regular OPC clients and observed decreases in public injecting, dropped syringes and injection-related litter.⁴⁶ Finally,



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37. Burki. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00380-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00380-2/fulltext); "SB 57: Controlled substances: overdose prevention program." <https://openstates.org/ca/bills/20212022/SB57>; "There is Love in the Overdose Prevention Center." <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>; National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; Clark and Grana. <https://www.intechopen.com/chapters/81683>; "HB 123: Limited Immunity for Overdose Programs." <https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=123&year=21>; Allyn. <https://www.npr.org/2019/10/02/766500743/judge-rules-plan-for-safehouse-drug-injection-site-in-philadelphia-can-go-forwar>.

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39. Samuels et al. <https://pubmed.ncbi.nlm.nih.gov/35838675>; Clark et al. <http://www.rimed.org/rimedicaljournal/2021/03/2021-03-18-commentary-clark.pdf>.

40. Irwin et al. <https://journals.sagepub.com/doi/10.1177/0022042616679829>; Boyd. <https://www.tandfonline.com/doi/abs/10.3109/09687637.2012.755495>.

41. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; Boyd. <https://www.tandfonline.com/doi/abs/10.3109/09687637.2012.755495>.

42. Tran et al. <https://pubmed.ncbi.nlm.nih.gov/34815725>.

43. Allison M. Salmon et al., "The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia," *Addiction* 105:4 (April 2010), pp. 676-683. <https://pubmed.ncbi.nlm.nih.gov/20148794>.

44. Vendula Belackova et al., "'Beyond Safer Injecting'—Health and Social Needs and Acceptance of Support among Clients of a Supervised Injecting Facility," *International Journal of Environmental Research and Public Health* 16:11 (June 7, 2019). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6603933>.

45. Ibid.

46. Boyd. <https://www.tandfonline.com/doi/abs/10.3109/09687637.2012.755495>.

regarding matters of public safety, area residents and business owners reported fewer nuisance complaints related to people using drugs, no change in the number of observed drug deals and no increase in drug trafficking or consumption in the area surrounding the OPC.⁴⁷ Six years of data also showed no increase in rates of burglary, theft and robbery in the area around the OPC.⁴⁸ Furthermore, an evaluation of crime around the OPC found that there was no increase in drug-use or drug-supply offenses attributable to the OPC.⁴⁹ There was also no increase in “drug-related loitering” in front of the OPC after it opened, although a very small increase was observed behind the facility.⁵⁰

Canada

The OPC in Vancouver, British Columbia, is the first facility of its kind to open in North America.⁵¹ Named Insite, the OPC opened in 2003 as a pilot program.⁵² The history leading up to Insite’s opening dates back to 1994 when a task force formed by the Provincial Chief Coroner of British Columbia produced the “Cain Report,” which recommended that Vancouver explore opening OPCs, among other interventions.⁵³ Then, in 1995, an unsanctioned OPC run by peers (i.e., people with lived experience using drugs) opened in Vancouver and was closed by police one year later. After that, little movement toward opening OPCs occurred until the early 2000s. At that time, the City of Vancouver introduced the Four Pillars drug strategy, which called for opening two OPCs in the city and attempted to balance prevention, enforcement, treatment and harm reduction. Despite OPCs being a campaign promise of every candidate in the 2002 municipal election, it took a nongovernmental organization—the Portland Hotel Society—to make the promise a reality by secretly building out an OPC in a vacant building and suddenly announcing its creation, which would later become Insite. The Portland Hotel Society then convinced the regional health authority to help them open the facility.⁵⁴ In 2003, Insite opened under a waiver from the federal government under section 56 of the Controlled Drugs and Substances Act (CDSA) allowing it to operate as a research project.⁵⁵

Over the next several years, Insite consistently faced the possibility of shut down, as it was required to be reauthorized by the federal government every three years.⁵⁶ In 2008, the Minister of Health decided not to renew Insite’s exemption under the CDSA.⁵⁷ At that time, the Attorney General of British Columbia, advocates for PWUD and other organizations filed a lawsuit against the Canadian government. These parties argued that Insite was exempt from federal drug laws because Insite was a health facility—which meant it was under the exclusive jurisdiction of the province—and because applying federal drug laws would violate the plaintiffs’ “right to life, liberty and security



The OPC in Vancouver, British Columbia, named Insite, is the first facility of its kind to open in North America.

47. Ibid.

48. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

49. Karen Freeman et al., “The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime,” *Drug and Alcohol Review* 24:2 (2005), pp. 173-184. <https://www.tandfonline.com/doi/abs/10.1080/09595230500167460>.

50. Ibid.

51. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

52. Mary Clare Kennedy et al., “Health impacts of a scale-up of supervised injection services in a Canadian setting: an interrupted time series analysis,” *Addiction* 117:4 (April 2022), pp. 986-997. <https://pubmed.ncbi.nlm.nih.gov/34854162>; Kerr et al. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1>.

53. Kerr et al. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1>.

54. Ibid.

55. Kerr et al. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1>; Drucker. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-3-24>; Butler and Phillips. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/412C2E; Justice Laws Website, “Controlled Drugs and Substances Act (S.C. 1996, c. 19),” Government of Canada. <https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-7.html#h-95171>.

56. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

57. Butler and Phillips. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/412C2E.

of the person”—a right enumerated in the Canadian Charter of Rights and Freedoms.⁵⁸ This case worked its way to the Supreme Court of Canada, and, in 2011, the justices ruled unanimously in favor of Insite.⁵⁹ The court concluded that the facility was not exempt because of exclusive jurisdiction of the province; however, the justices also concluded that the denial of Insite’s services did threaten the health of Insite’s clients and, therefore, by denying Insite’s exemption from the CDSA, the Minister of Health had infringed upon their rights under the Canadian Charter of Rights and Freedoms.⁶⁰ The court ordered the Minister of Health to grant Insite’s exemption under section 56 of the CDSA.⁶¹ Notably, the court did not mandate indefinite exemption for Insite and left decisions on other OPCs to the discretion of the Minister of Health, although the court did propose an outline for how the Minister of Health should make decisions on future exemption requests.⁶²

After the Supreme Court of Canada’s decision regarding Insite’s exemption, the Government of Canada introduced legislation (Bill C-2) to amend the CDSA and to provide the Minister of Health with guidelines for evaluating exemption applications under the CDSA.⁶³ At the time, the Canadian government was quite hostile to the idea of OPCs, and Bill C-2 made opening an OPC more difficult than before, as it listed 26 conditions that had to be met to open such a facility.⁶⁴ In October 2015, a new administration that was friendlier to OPCs came into political power and, after much lobbying, the new leadership of the Canadian government introduced Bill C-37 to replace Bill C-2.⁶⁵ In 2017, Bill C-37 replaced the 26 conditions of Bill C-2 with eight, making it much easier to open an OPC.⁶⁶

Streamlining the application process that OPCs must go through to obtain an exemption to the CDSA has led to a proliferation of OPCs across Canada. As of August 2022, Canada has 39 OPCs currently offering services to PWUD, six OPCs with valid authorizations that are either in the process of opening or have temporarily stopped offering services and nine OPCs seeking authorization.⁶⁷ In addition to these fixed-site OPCs, there are at least 25 “pop-up” sites that can be relocated as necessary.⁶⁸ While not all OPCs offer every service, Canadian OPCs generally offer supervised consumption of substances taken by mouth, nose or injection; provision of sterile injection supplies; drug checking; peer-assisted injection (injection assistance is not provided by OPC staff); detoxification; basic medical care; and referrals to treatment, counseling and other services.⁶⁹

Streamlining the OPC CDSA exemption application process has led to a proliferation of OPCs across Canada.

39

OPCs currently offering services to PWUD

25

“pop-up” sites that can be relocated as necessary

58. Ibid.

59. Ibid.; Rahoel P. Agarwal, “Case Comment: *Canada (Attorney General) v PHS Community Services Society*,” *Constitutional Forum constitutionnel* 20:2 (2011), pp. 41-48. https://journals.library.ualberta.ca/constitutional_forum/index.php/constitutional_forum/article/view/12428/9429.

60. Ibid.

61. Ibid.

62. Butler and Phillips. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/412C2E.

63. Ibid.

64. Kerr et al. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1>.

65. Ibid.; “Bill C-37,” Parliament of Canada, May 18, 2017. <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-37/royal-assent>.

66. Ibid.; Health Canada, “Royal Assent of Bill C-37 - An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts,” Government of Canada, May 18, 2017. https://www.canada.ca/en/health-canada/news/2017/05/royal_assent_of_billc-37anacttoamendthecontrolleddrugsandsubstan.html.

67. “Supervised consumption sites: Status of applications,” Government of Canada, Aug. 11, 2022. <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html/043a1.html>.

68. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

69. Ibid.; “Supervised consumption sites: Status of applications.” <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html/043a1.html>.

Evaluations of Insite have shown impressive outcomes. In 2015, Insite saw an average of 722 clients per day.⁷⁰ One analysis of death records showed that within a 500-meter radius of Insite, there was a 35 percent population-level decrease in the fatal overdose rate, compared to a nine percent reduction in the rest of the city.⁷¹ Regarding HIV and hepatitis C infections, estimates suggest that Insite prevents 35 new HIV infections and 57 new hepatitis C infections each year.⁷² These reductions in infectious disease transmission are likely because people who use Insite’s services are less likely to share syringes.⁷³ One study found that Insite clients were 70 percent less likely than non-clients to have borrowed or lent a syringe in the past six months.⁷⁴

Of note, supervised injection services are not the only reason clients visit Insite. In fact, 20 percent of visits to Insite were not for injection purposes, and many clients who did use Insite for supervised injection services also made use of additional associated services.⁷⁵ One of these key additional services is connecting clients with treatment; a 12-month study showed that 40 percent of Insite’s referrals were for substance use treatment, and there was a 30 percent increase in the use of detoxification services.⁷⁶

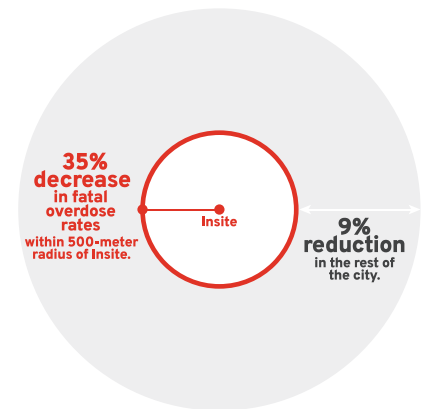
Just as was documented in Australia, studies also showed a decrease in dropped syringes and injection-related litter and no increase in crime, violence, drug-related loitering or drug trafficking around Insite.⁷⁷ One study even observed a sharp, persistent decrease in property and violent crime in the district where Insite is located, and another study found a significant decline in vehicle thefts and break-ins.⁷⁸ Furthermore, an evaluation of Insite found no increase in rates of community drug use or relapse among people who inject drugs.⁷⁹

Cost-Benefit Analyses for Opening OPCs in the United States

In addition to public health benefits, there are economic benefits to opening OPCs. One study found that Insite would save \$14 million (net, Canadian) and result in 920 life-years gained over 10 years.⁸⁰ Another cost-benefit analysis found an annual net societal benefit of more than \$6 million, which translates to \$5.12 saved for every dollar spent.⁸¹

Because the only locally sanctioned OPCs in the United States have been in operation for less than a year, there is little information about the actual costs associated with running the facilities. It has been reported, however, that the cost of operating the two OPCs in New York City (run by OnPoint NYC) 24 hours per day, seven days per week would be about \$2 million per year, whereas estimates of the health care costs

Insite Evaluations Have Shown Impressive Outcomes



70. Kennedy et al. <https://pubmed.ncbi.nlm.nih.gov/34854162>.

71. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

72. Ibid.; Irwin et al. <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>.

73. Irwin et al. <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>.

74. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

75. Dooling and Rachlis. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2942917>.

76. Tran et al. <https://pubmed.ncbi.nlm.nih.gov/34815725>.

77. Potier et al. <https://pubmed.ncbi.nlm.nih.gov/25456324>; National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; Butler and Phillips. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/412C2E.

78. Myer and Belisle. <https://journals.sagepub.com/doi/abs/10.1177/0022042617727513?journalCode=joda>; Drucker. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-3-24>.

79. Butler and Phillips. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/412C2E.

80. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

81. Martin A. Andresen and Neil Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver’s supervised injection facility," *International Journal of Drug Policy* 21:1 (January 2010), pp. 70-76. <https://pubmed.ncbi.nlm.nih.gov/19423324>.

associated with overdoses in the city amount to \$50 million annually.⁸² It should be noted that neither of the New York City OPCs receive public funding, and the City Health Commissioner has said that funds will be allocated to the OPCs only if they receive state or federal support.⁸³ Currently, the supervised consumption services provided at OnPoint are funded through private donations.⁸⁴

In the absence of actual operating-cost data, researchers have produced several hypothetical cost-benefit analyses for various cities in the United States. Although the estimation methods vary between analyses, meaning there are subtle differences in what each estimate accounts for and how the researchers derive inputs, the studies find that for every dollar spent on OPCs, \$2.33 to \$4.89 are saved, depending on the location (Table 1).⁸⁵ This amounts to a net annual savings of between \$831,700 and \$6.85 million, depending on which city the study assesses.⁸⁶ The annual operating costs for OPCs are estimated to be between \$1.22 million and \$2.4 million.⁸⁷ Finally, the annualized upfront costs of opening an OPC are estimated to be between \$165,252 and \$220,000.⁸⁸

Reported Costs-Benefits of Operating Two OPCs in New York City

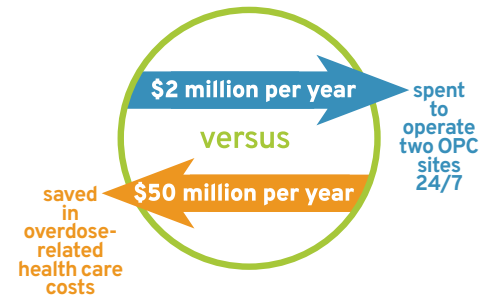


Table 1: Summary of Published Cost-Benefit Analyses for OPCs in U.S. Cities

Location	Total Annual Cost	Annualized Upfront Costs	Annual Operating Costs	Net Annual Savings	Return per Dollar Spent
San Francisco, CA ⁸⁹	\$2.6 million	\$220,000	\$2.4 million	\$3.5 million	\$2.33
Baltimore, MD ⁹⁰	\$1.8 million	\$170,000	\$1.79 million	\$5.98 million	\$4.35
Seattle, WA ⁹¹	—	—	\$1.22 million	\$3.93 million	\$4.22
New York, NY ⁹²	—	—	—	\$831,700	—
Providence, RI ⁹³	—	—	\$1.6 million	\$1.1 million	—
Denver, CO ⁹⁴	\$1.76 million	\$165,252	\$1.6 million	\$6.85 million	\$4.89

82. Caroline Lewis, “Supervised injection sites in NYC have saved lives. But officials won’t provide funds,” NPR, June 4, 2022. <https://www.npr.org/2022/06/04/1103114131/supervised-injection-sites-in-nyc-have-saved-lives-but-officials-wont-provide-fu>; Meryl Kornfield, “Inside a pioneering U.S. site authorized to monitor people using drugs,” *The Washington Post*, Jan. 15, 2022. <https://www.washingtonpost.com/health/2022/01/16/inside-first-supervised-overdose/>; “Overdose Prevention Centers Averted 59 Overdoses in First Three Weeks of Operation,” NYC Health, Dec. 21, 2021. <https://www1.nyc.gov/site/doh/about/press/pr2021/overdose-prevention-centers-prevent-59-deaths.page>.

83. Lewis. <https://www.npr.org/2022/06/04/1103114131/supervised-injection-sites-in-nyc-have-saved-lives-but-officials-wont-provide-fu>.

84. “Inside overdose prevention centers designed to reduce harm from illicit drug use,” *The CBS Mornings Podcast*, May 20, 2022. <https://podcasts.apple.com/us/podcast/inside-overdose-prevention-centers-designed-to-reduce/id1157631148?i=1000562937795>.

85. Irwin et al. <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>; Amos Irwin et al., “Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility,” *Harm Reduction Journal* 14 (May 12, 2017). <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>; J.E. Hood et al., “The projected costs and benefits of a supervised injection facility in Seattle, WA, USA,” *International Journal of Drug Policy* 67 (May 2019), pp. 9-18. <https://pubmed.ncbi.nlm.nih.gov/30802842>; Amos Irwin et al., “The Costs and Benefits of a Supervised Use Site in Denver, Colorado,” *Drug Policy Alliance*. https://drugpolicy.org/sites/default/files/dpa-denver-scs-cost-benefit-analysis_0.pdf.

86. Amos Irwin et al., “A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA.” <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>; Irwin et al., “Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility.” <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>; Hood et al. <https://pubmed.ncbi.nlm.nih.gov/30802842>; Amos Irwin et al., “The Costs and Benefits of a Supervised Use Site in Denver, Colorado.” https://drugpolicy.org/sites/default/files/dpa-denver-scs-cost-benefit-analysis_0.pdf; Laura C. Chambers et al., “Harm Reduction Centers Cost Benefit Analysis,” Rhode Island Department of Health, Nov. 15, 2021. https://risos-apa-production-public.s3.amazonaws.com/DOH/11465/ADDDOC_11465_20211202114753.pdf; Czarina N. Behrends et al., “Estimated impact of supervised injection facilities on overdose fatalities and healthcare costs in New York City,” *Journal of Substance Abuse Treatment* 106 (November 2019), pp. 79-88. <https://pubmed.ncbi.nlm.nih.gov/31540615>.

87. Irwin et al., “A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA.” <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>; Irwin et al., “Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility.” <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>; Hood et al. <https://pubmed.ncbi.nlm.nih.gov/30802842>; Irwin et al., “The Costs and Benefits of a Supervised Use Site in Denver, Colorado.” https://drugpolicy.org/sites/default/files/dpa-denver-scs-cost-benefit-analysis_0.pdf; Chambers et al. https://risos-apa-production-public.s3.amazonaws.com/DOH/11465/ADDDOC_11465_20211202114753.pdf; Behrends et al. <https://pubmed.ncbi.nlm.nih.gov/31540615>; Eric Armbricht et al., “Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value,” *Institute for Clinical and Economic Review*, Nov. 13, 2020. https://media.wbur.org/wp/2020/11/ICER_SIF_Evidence-Report_1111320.pdf.

88. Irwin et al., “A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA.” <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>; Irwin et al., “Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility.” <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>; Hood et al. <https://pubmed.ncbi.nlm.nih.gov/30802842>; Irwin et al., “The Costs and Benefits of a Supervised Use Site in Denver, Colorado.” https://drugpolicy.org/sites/default/files/dpa-denver-scs-cost-benefit-analysis_0.pdf.

89. Irwin et al., “A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA.” <https://journals.sagepub.com/doi/abs/10.1177/0022042616679829>.

90. Irwin et al., “Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility.” <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>.

91. Hood et al. <https://pubmed.ncbi.nlm.nih.gov/30802842>.

92. Behrends et al. <https://pubmed.ncbi.nlm.nih.gov/31540615>.

93. Chambers et al. https://risos-apa-production-public.s3.amazonaws.com/DOH/11465/ADDDOC_11465_20211202114753.pdf.

94. Irwin et al., “The Costs and Benefits of a Supervised Use Site in Denver, Colorado.” https://drugpolicy.org/sites/default/files/dpa-denver-scs-cost-benefit-analysis_0.pdf.

Current Policy Landscape in the United States

One of the primary challenges for jurisdictions considering opening OPCs is uncertainty about their federal legality.⁹⁵ The main legal deterrent to opening OPCs is Statute 21 USC 856 of the CSA, which makes it illegal to operate or maintain any place for the purpose of using any controlled substance the CSA.⁹⁶ Although the statute was not intended to limit the ability of organizations to offer public health services, legal challenges to OPCs have focused on the applicability of this statute.⁹⁷ The Trump administration pursued legal action against an OPC trying to open in Philadelphia, Pennsylvania, saying that the site was a blatant violation of Statute 21 USC 856.⁹⁸ The Biden administration has not explicitly stated its position on OPCs, although they have not taken action against the two OPCs that were opened in New York City in 2021.⁹⁹ However, there are hints that the Biden administration is open to the idea of OPCs. Xavier Becerra, Secretary of the United States Department of Health and Human Services (HHS), at one point suggested that the Biden administration would not seek to shut down OPCs, but shortly thereafter, a representative for HHS said that they do not have a position on OPCs and that the “issue is a matter of ongoing litigation.”¹⁰⁰ Additionally, the OPC involved in the ongoing litigation mentioned by the HHS representative has noted that talks with the United States Department of Justice have been “productive.”¹⁰¹

Jurisdictions that have pursued opening OPCs have taken several different approaches to authorizing their existence. The Rhode Island and California state Legislatures have passed bills allowing the creation of OPCs in the state or in specific localities.¹⁰² In New York City, the outgoing mayor, Bill de Blasio, authorized the creation of two OPCs.¹⁰³ This shows that both state and local lawmakers can act to facilitate OPC creation. In addition to the highlighted jurisdictions, Delaware; Vermont; Boston, Massachusetts; and Denver, Colorado, have discussed opening OPCs.¹⁰⁴ In 2021, New Mexico also introduced HB 123 in the state House of Representatives to allow OPCs.¹⁰⁵ This section highlights five jurisdictions that have attempted to or successfully opened OPCs and discusses how they approached authorizing OPCs and what expectations they set.

New York, New York

On Nov. 30, 2021, New York City became home to the first two locally, legally sanctioned OPCs in the United States.¹⁰⁶ OnPoint, the organization operating the OPCs, has one location in East Harlem and one in Washington Heights.¹⁰⁷ In addition to supervised



One of the primary challenges for jurisdictions considering opening OPCs is uncertainty about their federal legality.

95. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>; Kral and Davidson. [https://www.ajpmonline.org/article/s0749-3797\(17\)30316-1/fulltext](https://www.ajpmonline.org/article/s0749-3797(17)30316-1/fulltext).
96. Diggles. <https://digitalcommons.law.wne.edu/lawreview/vol42/iss1/5>; Clark et al. <http://www.rimed.org/rimedicaljournal/2021/03/2021-03-18-commentary-clark.pdf>; “21 USC 856: Maintaining drug-involved premises.” <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section856&num=0&edition=prelim>.
97. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>.
98. Ibid.
99. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>; Harocopos et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>.
100. Kyle Jaeger, “Hope After Safe Consumption Advocates’ ‘Productive’ DOJ Talks,” Filter, May 10, 2022. <https://filtermag.org/safe-consumption-sites-justice-department>.
101. Safehouse (@SafehousePhilly), “Productive talks continue w/Justice Dept. We’ve agreed to extend time for their next steps on lawsuit. DOJ wants to evaluate “supervised consumption sites, including discussions w/state & local regulators about appropriate guardrails for such sites ...” Next deadline: Sept. 22,” Aug. 8, 2022, 9:44 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1556818651151536129>.
102. Burki. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00380-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00380-2/fulltext); “SB 57: Controlled substances: overdose prevention program.” <https://openstates.org/ca/bills/20212022/SB57>.
103. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.
104. National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.
105. Clark and Grana. <https://www.intechopen.com/chapters/81683>; “HB 123: Limited Immunity for Overdose Programs.” <https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=123&year=21>; Allyn. <https://www.npr.org/2019/10/02/766500743/judge-rules-plan-for-safehouse-drug-injection-site-in-philadelphia-can-go-forwar>.
106. Harocopos et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>.
107. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

injection services, OnPoint’s OPCs offer case management to link clients to care and public assistance; a drop-in center that serves meals; clinical care; initiation and prescribing of medication for opioid use disorder; harm reduction mental health services; 24-hour respite; and a group educational volunteer program that can lead to employment with the OPC, among others.¹⁰⁸ The OPCs are “poly-modality” centers, where PWUD can choose to consume drugs acquired away from the facility by injection, inhalation, ingestion or other routes.¹⁰⁹ Clients of the OPC are not limited to consuming opioids, as the facility allows the use of methamphetamine, benzodiazepines, cocaine, cannabis and any other licit or illicit drug.¹¹⁰ In addition to being the first legally sanctioned OPCs in the United States, OnPoint’s centers are unique in some of their use policies. Unlike many international OPCs, OnPoint’s OPCs are open 24 hours, allow PWUD to consume their substances of choice more than once per visit, do not restrict the time clients can spend at the center and allow split-dosing (two people sharing a dose of a substance, each using their own sterile equipment).¹¹¹ Additionally, services are confidential and anonymous.¹¹² These policies were designed to fit the needs of the population using the centers, providing safety and stability while offering dignity to their clients.¹¹³

The long road to opening the first legally sanctioned OPCs in the United States required the combined efforts of many organizations and advocates. Before the locally sanctioned centers opened in 2021, the Washington Heights Corner Project and, later, the New York Harm Reduction Educators operated unsanctioned “underground” OPCs.¹¹⁴ Starting in 2015, these unsanctioned OPCs operated for six years.¹¹⁵ Although never explicitly sanctioned by the state, harm reduction providers used a policy from the New York State Department of Health’s guidelines for “harm reduction bathrooms” as justification for providing unsanctioned supervised consumption services.¹¹⁶ The guidelines for harm reduction bathrooms were put in place partially because there was acknowledgment that people were already using drugs in the bathrooms of syringe service programs, and guidelines were intended to increase clients’ safety given this reality.¹¹⁷

In May 2018, then mayor Bill De Blasio announced his support for the establishment of four OPCs in New York City.¹¹⁸ Although Mayor De Blasio announced his support, then governor Andrew Cuomo did not specify whether he supported the opening of the facilities.¹¹⁹ During the intervening three years before the sanctioned OPCs opened in New York City, the city’s harm reduction providers continued to build support for harm reduction services and OPCs within East Harlem and Washington Heights.¹²⁰ Additionally, OnPoint built a strong partnership with the New York City Department of Health, New York State Department of Health and New York City Mayor’s Office to



Finding Loopholes

Starting in 2015, New York harm reduction providers used a policy from the New York State Department of Health’s guidelines for “harm reduction bathrooms” as justification for providing unsanctioned supervised consumption services.

108. Ibid.

109. Ibid.

110. Ibid.

111. Ibid.

112. Ethan Nadelmann, “A Visit to the First Legal Safe Injection Site in the USA,” Psychoactive, March 31, 2022. <https://omny.fm/shows/psychoactive/a-visit-to-the-first-legal-safe-injection-site-in>.

113. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

114. Ibid.

115. Ibid.; Nadelmann. <https://omny.fm/shows/psychoactive/a-visit-to-the-first-legal-safe-injection-site-in>.

116. Nadelmann. <https://omny.fm/shows/psychoactive/a-visit-to-the-first-legal-safe-injection-site-in>; “Policies and Procedures: Syringe Exchange Programs,” New York State Department of Health, May 2020. https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/syringe_exchange/docs/policies_and_procedures.pdf; “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

117. Ibid.

118. Neuman. <https://www.nytimes.com/2018/05/03/nyregion/nyc-safe-injection-sites-heroin.html?ribbon-ad-idx=4&rref=nyregion&module=Ribbon&version=context®ion=Header&action=click&contentCollection=N.Y.%20%2F%20Region&pgtype=article>.

119. Ibid.

120. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

ensure they had the support of these key organizations.¹²¹ OnPoint has also engaged with local police and has found them to be “extremely supportive.”¹²² OPC staff had daily or weekly conversations with local commanders and captains, gave tours to any police officers who wanted one and spoke to local police at roll call. The relationship with the local police has been so positive that OnPoint’s executive director, Sam Rivera, told an interviewer an anecdote about texting a captain to ask an officer in a patrol car to turn their lights off when parked near the OPC.¹²³ Community support was and is vital to OnPoint’s existence, as before officially opening their doors, the only government authorization they received was a letter from outgoing mayor Bill De Blasio.¹²⁴

Since Mayor Eric Adams took office, little has changed with regard to OPC policy in New York City. In an Aug. 2, 2022 statement announcing the expansion of drug-checking services at OnPoint, Mayor Adams signaled his support for OPCs, saying, “Overdose prevention centers keep neighborhoods and people struggling with substance use safe. Now is the time to expand access to OPCs and do so in an equitable way across New York City.”¹²⁵ Nevertheless, as of August 2022, New York State Governor Kathy Hochul has neither publicly endorsed nor dismissed OPCs.¹²⁶

At the federal level, OnPoint Executive Director Sam Rivera has said, “We just need the feds to acknowledge what we’re doing.”¹²⁷ He has further stated that in order to move forward with the OPC model, “we need a change coming from the federal government ... from the president, from Rahul Gupta, the head of ONDCP [White House Office of National Drug Control Policy] ... We’re seeing funding going towards harm reduction for the first time ever on the federal level. But what we know is our operation federally is still illegal.”¹²⁸ Rivera specifically mentions repealing the federal “crack house statute” as “it doesn’t allow us to operate and receive the funding we need to stay open and provide those services.”¹²⁹

Despite the uncertain federal policy landscape, early results from OnPoint are impressive. During its first two months of operation, the organization provided services to 613 individuals on 5,975 occasions.¹³⁰ Trained staff also intervened in 125 overdose events during this time period, with emergency services being called only five times and emergency transport being required only three times.¹³¹ No fatal overdoses occurred at the OPC or among the clients transported to the hospital.¹³² Furthermore, 52.5 percent of people who used the overdose prevention services also received other supportive services, such as naloxone distribution, counseling and medical care.¹³³

New York City Opens First U.S. OPC (OnPoint) November 2021

Despite the uncertain federal policy landscape, early results from OnPoint are impressive. During its first two months, community benefits included:



121. Ibid.

122. Nadelmann. <https://omny.fm/shows/psychoactive/a-visit-to-the-first-legal-safe-injection-site-in>.

123. Ibid.

124. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>; “Mayor de Blasio Announces Nation’s First Overdose Prevention Center Services to Open in New York City,” The Official Website of the City of New York, Nov. 30, 2021. <https://www1.nyc.gov/office-of-the-mayor/news/793-21/mayor-de-blasio-nation-s-first-overdose-prevention-center-services-open-new-york>.

125. “Mayor Eric Adams Takes Action to Curb Opioid Overdoses by Expanding Access to Tools to Test for Fentanyl, Other Lethal Substances,” The Official Website of the City of New York, Aug. 5, 2022. <https://www1.nyc.gov/office-of-the-mayor/news/575-22/mayor-eric-adams-takes-action-curb-opioid-overdoses-expanding-access-tools-test-for>.

126. Nadelmann. <https://omny.fm/shows/psychoactive/a-visit-to-the-first-legal-safe-injection-site-in>.

127. “Inside overdose prevention centers designed to reduce harm from illicit drug use.” <https://podcasts.apple.com/us/podcast/inside-overdose-prevention-centers-designed-to-reduce/id1157631148?i=1000562937795>.

128. Ibid.

129. Ibid.

130. Harocopos et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>.

131. Ibid.

132. Ibid.

133. Ibid.

Finally, evaluation data indicates that OnPoint is helping decrease public drug use, as 75.9 percent of clients stated that if they were not injecting at OnPoint, they would have injected in a public or semi-public location.¹³⁴

Rhode Island

Rhode Island has the honor of being the first state to authorize the implementation of OPCs, although as of August 2022, no OPCs are operating in the state.¹³⁵ On July 7, 2021, the governor of Rhode Island signed legislation authorizing a two-year OPC pilot program.¹³⁶ Rhode Island's program establishes harm reduction centers, "which are a community-based resource for health screening, disease prevention and recovery assistance where persons may safely consume pre-obtained substances."¹³⁷ Interestingly, Rhode Island is allowing both fixed-site and mobile harm reduction centers.¹³⁸ The regulations (216-RICR-40-10-25) governing the pilot program went into effect Feb. 16, 2022.¹³⁹

Several key provisions define the operation of OPCs in Rhode Island. For one, the minimum services provided must include supervised drug consumption (including smoking and injecting); syringe exchange and education; training about harm reduction; and the provision of harm reduction supplies.¹⁴⁰ Additionally, the centers must, at a minimum, provide referrals to counseling and medical services, basic needs providers, housing services, legal services and employment services. Clients will remain anonymous and cannot be required to show identification to use the consumption services. All staff must be trained in cardiopulmonary resuscitation, overdose response, opioid antagonist administration, hazardous medical waste management and confidentiality. Clients are not allowed to sell, exchange or share drugs in the center, and staff and clients cannot assist other clients with injecting. Although harm reduction centers will be licensed through the state, they will require municipal authorization and approval, which means an affirmative vote by the city or town council, or the equivalent governing body, before opening. They also must work with local public safety officials to create a plan to maintain order in and around the center.¹⁴¹

Philadelphia, Pennsylvania

The proposed OPCs in Philadelphia have perhaps received the most attention because of ongoing legal proceedings between the United States Department of Justice and Safehouse, the nonprofit organization trying to open the OPCs. The idea to open OPCs in Philadelphia was born from a task force convened by Mayor James Kenney in 2017 that produced a report recommending 19 strategies to combat the opioid epidemic.¹⁴² In January 2018, the City of Philadelphia publicly announced its support for opening OPCs, though the city would not provide funding or legal cover.¹⁴³



Key Provisions to Operate OPCs in Rhode Island

Among other key provisions, the centers must, at a minimum, provide referrals to counseling and medical services, basic needs providers, housing services, legal services and employment services.

134. Ibid.

135. Burki. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00380-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00380-2/fulltext).

136. "Harm Reduction Centers," State of Rhode Island Department of Health. <https://health.ri.gov/addiction/about/harmreductioncenters>.

137. Ibid.

138. "Harm Reduction Centers (216-RICR-40-10-25)," Rhode Island Department of State. <https://rules.sos.ri.gov/regulations/part/216-40-10-25>.

139. "Harm Reduction Centers" <https://health.ri.gov/addiction/about/harmreductioncenters>; "Harm Reduction Centers (216-RICR-40-10-25)." <https://rules.sos.ri.gov/regulations/part/216-40-10-25>.

140. "Harm Reduction Centers (216-RICR-40-10-25)." <https://rules.sos.ri.gov/regulations/part/216-40-10-25>.

141. Ibid.

142. Joe Pyle, "Funding Safehouse: A Harm Reduction Practice with Evidence," FCAA. Dec. 19, 2019. <https://www.fcaaid.org/2019/12/19/funding-safehouse-a-harm-reduction-practice-with-evidence>.

143. Farley and Eisenstein. <https://apha.confex.com/apha/2019/meetingapp.cgi/Session/59025>.

On Feb. 5, 2019, the United States Attorney's Office for the Eastern District of Pennsylvania filed a civil lawsuit seeking a judicial declaration that OPCs were illegal under 21 USC 856 of the Controlled Substances Act (CSA).¹⁴⁴ On Oct. 2, 2019, a district court judge ruled that Safehouse's OPCs were not a violation of the CSA in *United States v. Safehouse*.¹⁴⁵ The rationale for the decision was that this provision of the CSA was limited to facilitating drug use and that Safehouse's goal is to reduce drug use, not facilitate it.¹⁴⁶ The court filed a Final Declaratory Judgment on Feb. 25, 2020, which stated that the OPC would not violate federal law; however, days later the government filed a Notice of Appeal to the U.S. Court of Appeals for the Third Circuit and a motion for an emergency stay.¹⁴⁷ Although Safehouse requested the stay not be issued, on June 26, 2020, the Third Circuit court granted the emergency stay, citing both the evidence supporting OPCs and the need to consider the public interest.¹⁴⁸ After the case was finally heard by the Third Circuit court, the court issued its ruling on Jan. 12, 2021: 2-1 against Safehouse.¹⁴⁹ Although Safehouse petitioned the United States Supreme Court, the justices declined to hear the case in October 2021, and the case was returned to the district court.¹⁵⁰ It should be noted that the Third Circuit court has jurisdiction only over Pennsylvania, New Jersey and Delaware, meaning that only those three states are bound by the ruling.¹⁵¹

Since the Supreme Court declined to hear the case in October 2021, Safehouse has been in discussions with the Department of Justice.¹⁵² The change in presidential administration and leadership at the Department of Justice appears to have changed the tone of the negotiations around the Safehouse case.¹⁵³ As of Aug. 8, 2022, Safehouse and the Department of Justice have agreed to four extensions for the government's response to the Safehouse lawsuit.¹⁵⁴ Safehouse has said that talks and negotiations with the Department of Justice have been "productive" and that they are "optimistic that continued conversations will lead to a mutually satisfactory resolution."¹⁵⁵ An update from Safehouse on Aug. 8, 2022, said that the Department of Justice wanted to evaluate OPCs, "including discussions [with] state & local regulators



With the change in presidential administration and leadership at the Department of Justice, OPC operation barriers in Philadelphia may be showing signs of weakening.

144. Lampe. <https://crsreports.congress.gov/product/pdf/LSB/LSB10364>.

145. *Ibid.*; *United States v. Safehouse*, United States District Court for the Eastern District of Pennsylvania, Oct. 2, 2019. <https://casetext.com/case/united-states-v-safehouse>.

146. Y Tony Yang and Leo Beletsky, "United States vs Safehouse: The Implications of the Philadelphia supervised consumption facility ruling for law and social stigma," *Preventive Medicine* 135 (June 2020). <https://pubmed.ncbi.nlm.nih.gov/32243940/>; *United States v. Safehouse*. <https://casetext.com/case/united-states-v-safehouse>.

147. "United States v. Safehouse," Safehouse, last accessed Aug. 22, 2022. <https://safehousephilly.org/us-v-safehouse>.

148. *Ibid.*

149. "United States v. Safehouse." <https://safehousephilly.org/us-v-safehouse>; "United States v. Safehouse, No. 20-1422 (3d Cir. 2021)," U.S. Court of Appeals for the Third Circuit, Nov. 16, 2020. <https://law.justia.com/cases/federal/appellate-courts/ca3/20-1422/20-1422-2021-01-12.html>.

150. *Safehouse v. U.S. Department of Justice, et al.* Supreme Court of the United States, last accessed Aug. 22, 2022. <https://www.safehousephilly.org/sites/default/files/attachments/2021-08/21.8.23%20No.%2021-%20PetitionForAWritOfCertiorari.pdf>; "Order List: 595 U.S." Supreme Court of the United States, Oct. 12, 2021. https://www.supremecourt.gov/orders/courtorders/101221zor_8n6a.pdf; Nina Feldman, "Safehouse is in settlement talks with the U.S. Department of Justice." WHY, Feb. 9, 2022. <https://why.org/articles/safehouse-is-in-settlement-talks-with-the-u-s-department-of-justice>.

151. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>.

152. Feldman, "Safehouse is in settlement talks with the U.S. Department of Justice." <https://why.org/articles/safehouse-is-in-settlement-talks-with-the-u-s-department-of-justice>.

153. *Ibid.*

154. Safehouse (@SafehousePhilly). "Safehouse and U.S. Justice Dept. have agreed to another short extension to the deadline for govt.'s response in Safehouse litigation. By extending that deadline to March 7, 2022, Safehouse is optimistic that continued conversations will lead to a mutually satisfactory resolution." Dec. 24, 2021, 10:18 AM. Tweet. <https://twitter.com/SafehousePhilly/status/1474399061075709958>; Safehouse (@SafehousePhilly). "Today we agreed to an extension for the Justice Department to respond to our lawsuit to open an overdose prevention center. We believe a settlement would clear a path for these services to be offered across the U.S. The DOJ's deadline is June 23. Stay tuned." May 9, 2022, 6:21 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1523790193341661184>; Safehouse (@SafehousePhilly). "Safehouse again agrees to extend time to resolve lawsuit asserting right to open overdose prevention site after ex-US Atty for Eastern District of PA sued us. We think Justice Dept is negotiating in good faith and we'll reach settlement agreeable to both sides. Next deadline Aug 8," June 23, 2022, 10:21 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1540158152699674626>; Safehouse (@SafehousePhilly). "Productive talks continue w/Justice Dept. We've agreed to extend time for their next steps on lawsuit. DOJ wants to evaluate "supervised consumption sites, including discussions w/state & local regulators about appropriate guardrails for such sites ..." Next deadline: Sept. 22," Aug. 8, 2022, 9:44 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1556818651151536129>.

155. Safehouse (@SafehousePhilly). "Safehouse and U.S. Justice Dept. have agreed to another short extension to the deadline for govt.'s response in Safehouse litigation. By extending that deadline to March 7, 2022, Safehouse is optimistic that continued conversations will lead to a mutually satisfactory resolution." Dec. 24, 2021, 10:18 AM. Tweet. <https://twitter.com/SafehousePhilly/status/1474399061075709958>; Safehouse (@SafehousePhilly). "Productive talks continue w/Justice Dept. We've agreed to extend time for their next steps on lawsuit. DOJ wants to evaluate "supervised consumption sites, including discussions w/state & local regulators about appropriate guardrails for such sites ..." Next deadline: Sept. 22," Aug. 8, 2022, 9:44 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1556818651151536129>.

about appropriate guardrails for such sites.”¹⁵⁶ The outcome of the Safehouse lawsuit may well be the federal government’s first official endorsement of OPCs, assuaging fears about the application of 21 USC 856 of the CSA.

Opponents to OPCs often cite the impact on public safety. Safehouse hopes to have a “mutually beneficial, productive partnership with law enforcement,” and local police have previously committed to taking a “hands-off approach.”¹⁵⁷ In 2020, the City of Philadelphia released a statement about how police would interact with Safehouse.¹⁵⁸ The statement said that there would be “a constant presence in the immediate and surrounding area during the hours of operation for the site.”¹⁵⁹ The city also highlighted that a police presence would be maintained along public transit routes, preventing the sale of drugs near the OPC, keeping the peace in the event of community demonstration activities outside of the OPC and fostering community-building activities such as organizing neighborhood cleanups and mediating disputes.¹⁶⁰

If Safehouse were allowed to open, the facility would offer more than just supervised consumption services. They intend to offer medication initiation for opioid use disorder; recovery counseling; education about treatment; basic medical services; HIV and hepatitis C testing; and referrals to housing, public benefits and legal service providers.¹⁶¹ Nevertheless, Safehouse will need to win the support of the communities in which the proposed OPCs are to be located, given that they have encountered pushback in the past for not consulting with the community before trying to open.¹⁶²

California

For years, California has debated and discussed the possibility of opening OPCs. In San Francisco, local advocates have been promoting opening OPCs since at least 2007.¹⁶³ At the state level, the Senate passed legislation in 2018 that would have allowed organizations to open legally sanctioned OPCs in the state, but with a focus on San Francisco.¹⁶⁴ Unfortunately, then governor Jerry Brown vetoed the legislation citing threats of prosecution made by the United States Attorney General and concern about exposing local officials and health care professionals to potential federal criminal charges.¹⁶⁵ Nevertheless, the Tenderloin Center, opened in January 2022 with the intended purpose of connecting PWUD to services and treatment, allegedly allowed people to use drugs under supervision in the center’s outdoor area, although the organization never officially acknowledged its status as an OPC and is closing at the end of 2022.¹⁶⁶



California Makes OPC Progress

In 2020, California state legislators revisited the idea of OPCs with the introduction of SB 57, which authorizes the city and county of San Francisco, the city and county of Los Angeles and the city of Oakland to approve entities to operate OPCs until Jan. 1, 2028.

156. Safehouse (@SafehousePhilly). “Productive talks continue w/Justice Dept. We’ve agreed to extend time for their next steps on lawsuit. DOJ wants to evaluate “supervised consumption sites, including discussions w/state & local regulators about appropriate guardrails for such sites ...” Next deadline: Sept. 22,” Aug. 8, 2022, 9:44 PM. Tweet. <https://twitter.com/SafehousePhilly/status/1556818651151536129>.

157. “Frequently Asked Questions,” Safehouse, last accessed Aug. 10, 2022. <https://www.safehousephilly.org/frequently-asked-questions>; Bobby Allyn, “Philadelphia Nonprofit Opening Nation’s 1st Supervised Injection Site Next Week,” NPR, Feb. 26, 2020. <https://www.npr.org/2020/02/26/809608489/philadelphia-nonprofit-opening-nations-first-supervised-injection-site-next-week>.

158. Deana Gamble, “Here’s what you need to know about Overdose Prevention Sites,” City of Philadelphia, Feb. 12, 2020. <https://www.phila.gov/2020-02-12-heres-what-you-need-to-know-about-overdose-prevention-sites>.

159. Ibid.

160. Ibid.

161. “Frequently Asked Questions.” <https://www.safehousephilly.org/frequently-asked-questions>.

162. Feldman. “Safehouse is in settlement talks with the U.S. Department of Justice.” <https://why.org/articles/safehouse-is-in-settlement-talks-with-the-u-s-department-of-justice>; Joanna R. Wares et al., “Predicting the impact of placing an overdose prevention site in Philadelphia: a mathematical modeling approach,” *Harm Reduction Journal* 18:1 (Oct. 30, 2021). <https://pubmed.ncbi.nlm.nih.gov/34717657>.

163. Sydney Johnson, “Safe injection sites bill passes Assembly, giving hope for the model in San Francisco,” *San Francisco Examiner*, June 30, 2022. https://www.sfoxaminer.com/news/safe-injection-sites-bill-passes-assembly-giving-hope-for-the-model-in-san-francisco/article_d437db1e-f8a9-11ec-9128-bfd8ccef8db4.html.

164. Burki. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00380-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00380-2/fulltext); German Lopez, “The Trump Administration’s threat against safe injection sites is working,” *Vox*, Oct. 2, 2018. <https://www.vox.com/policy-and-politics/2018/10/2/17927864/safe-injection-site-trump-jerry-brown-california>.

165. Lopez. <https://www.vox.com/policy-and-politics/2018/10/2/17927864/safe-injection-site-trump-jerry-brown-california>.

166. The Examiner Editorial Board, “Is San Francisco flip-flopping on drug overdose crisis plan,” *San Francisco Examiner*, June 21, 2022. https://www.sfoxaminer.com/news/is-san-francisco-flip-flopping-on-drug-overdose-crisis-plan/article_fc112150-f128-11ec-9a1b-cb968f4436bd.html.

In 2020, California state legislators revisited the idea of OPCs with the introduction of SB 57.¹⁶⁷ SB 57 authorizes the city and county of San Francisco, the city and county of Los Angeles and the city of Oakland to approve entities to operate OPCs until Jan. 1, 2028. Although SB 57 provides minimum required services and safety measures for any entity opening an OPC, it is not highly prescriptive when it comes to operation. SB 57 requires any OPC location to provide a hygienic space for people to use controlled substances under supervision; provide and collect sterile consumption supplies; provide referrals to treatment services, medical care, mental health services and social services; provide or refer people for HIV and hepatitis C testing, education and treatment; provide a way for people to obtain naloxone; and educate clients about proper disposal of supplies. Additionally, SB 57 requires that OPC staff be trained in cardiopulmonary resuscitation, first aid and naloxone administration. Finally, the bill requires that an independent party be appointed to conduct a peer-reviewed evaluation of each local jurisdiction's program.¹⁶⁸

Although SB 57 passed both the Senate and Assembly, Governor Gavin Newsom vetoed the legislation on Aug. 22, 2022.¹⁶⁹ In the veto letter to members of the state Senate, Governor Newsom cited concerns about the bill authorizing an unlimited number of OPCs in designated communities and the amount of time for which the programs were authorized. Governor Newsom also noted a need for "strong, engaged local leadership and well-documented, vetted, and thoughtful operational and sustainability plans." Finally, the veto letter instructed the Secretary of Health and Human Services to convene a group of local officials "to discuss minimum standards and best practices for safe and sustainable overdose prevention programs," and said the governor was open to discussing a "truly limited pilot program" after this group returned its suggestions to the legislature.¹⁷⁰

Seattle/King County, Washington

Seattle and King County, Washington have also proposed opening OPCs, although they are calling their proposed centers community health engagement centers (CHELs).¹⁷¹ The journey toward opening CHELs began with a recommendation from the Heroin and Prescription Opiate Addiction Task Force.¹⁷² Then, in 2017, Seattle and King County officials initially approved the creation of two CHELs and began to secure funding for the centers.¹⁷³ Over the next several years, efforts to find fixed locations for the centers failed, and an effort to create mobile centers stalled.¹⁷⁴ This was in part due to push back from elected community leaders and warnings from then U.S. Attorney for Washington Brian Moran that the centers would violate federal law.¹⁷⁵ Several King County suburbs



Seattle Sees Progress Slow

Although Seattle was one of the first places to approve OPCs, their progress toward making them a reality has slowed considerably due to community leader pushback.

167. "SB 57: Controlled substances: overdose prevention program." <https://openstates.org/ca/bills/20212022/SB57>.

168. Ibid.

169. Office of the Governor, Aug. 22, 2022. <https://www.gov.ca.gov/wp-content/uploads/2022/08/SB-57-veto-msg-August-22-2022.pdf?emrc=435330>.

170. Ibid.

171. King County Community Health Engagement Locations (CHEL) Design Team, "Community Health Engagement Locations in King County: Recommended Guidelines for Planning, Implementing, and Operating Supervised Consumption Sites," King County, February 2017. <https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/heroinf/CHEL-Implementation-Guidelines.ashx?la=en>.

172. Nathalie Graham, "Things Got a Little Heated in a Discussion About Safe Consumption Sites With Reagan Dunn's Challengers," *The Stranger*, June 15, 2021. <https://www.thestranger.com/slog/2021/06/15/58239494/things-got-a-little-heated-in-a-discussion-about-safe-consumption-sites-with-reagan-dunns-challengers>.

173. Quinn. <https://www.governing.com/archive/gov-supervised-injection-facilities.html>; Zezima. https://www.washingtonpost.com/politics/awash-in-overdoses-seattle-creates-safe-sites-for-addicts-to-inject-illegal-drugs/2017/01/27/ddc58842-e415-11e6-ba11-63c4b4fb5a63_story.html.

174. Matt Markovich, "Court ruling blocks Seattle's efforts to create supervised heroin injection sites," *Komo News*, Jan. 13, 2021. <https://komonews.com/news/local/court-rules-against-seattles-efforts-for-supervised-injection-sites-for-heroin-users>.

175. Markovich. <https://komonews.com/news/local/court-rules-against-seattles-efforts-for-supervised-injection-sites-for-heroin-users>; Graham. <https://www.thestranger.com/slog/2021/06/15/58239494/things-got-a-little-heated-in-a-discussion-about-safe-consumption-sites-with-reagan-dunns-challengers>.

even enacted local bans on CHELs, and a bill was introduced in the state Senate to ban them statewide.¹⁷⁶ Despite this, in the 2021 budget, the Seattle City Council approved more than \$1.1 million to assist existing service providers for PWUD with funds to staff an OPC.¹⁷⁷ Although Seattle was one of the first places to approve OPCs, their progress toward making them a reality was slowed considerably as they waited to see the outcome of the case against Safehouse in Philadelphia, which is still going through the legal system.¹⁷⁸

Policy Recommendations

For lawmakers interested in establishing legal authority for OPCs, there are a number of paths forward, depending on the level of government at which the changes are being pursued. At the federal level, Congress can introduce legislation to clarify the language of statute 21 USC 856 of the CSA. Adding language explicitly allowing OPCs would settle the uncertainty around federal law.¹⁷⁹ Alternatively, instead of explicitly allowing OPCs, Congress could include language that prohibits the use of federal funds to enforce statute 21 USC 856 on OPCs operating under state or local authorization.¹⁸⁰ In addition, although not permanent, the administration could issue a memorandum stating a commitment not to interfere with state or locally authorized OPCs.¹⁸¹ The Obama administration did something similar for states that had legalized cannabis with the Cole Memorandum, which outlined marijuana-related enforcement priorities for the Department of Justice.¹⁸² Finally, the Department of Justice could release a statement indicating that OPCs do not fall under the purview of statute 21 USC 856 and would therefore not require legal pursuit.¹⁸³

Once the federal government makes changes to the CSA or otherwise clarifies their position on OPCs, states can start considering legislation that authorizes OPCs. At the state level, policymakers can introduce legislation that authorizes the creation of OPCs as pilot programs.¹⁸⁴ This is how Rhode Island and California approached the issue and is how Insite in Vancouver was initially created.¹⁸⁵ Opening OPCs as pilot programs allows for rigorous evaluation of the facilities, including their use patterns, impact on crime and impact on health outcomes. Pilot programs also allow authorization to automatically expire should the results of the evaluation be unfavorable. Authorizing OPCs at the state level likely offers the most protection from federal interference; however, an argument can be made that federal drug policy supersedes state policy.¹⁸⁶ Authorizing OPCs



For lawmakers interested in establishing legal authority for OPCs, there are a number of paths forward, depending on the level of government at which the changes are being pursued.

176. Zezima. https://www.washingtonpost.com/politics/awash-in-overdoses-seattle-creates-safe-sites-for-addicts-to-inject-illegal-drugs/2017/01/27/ddc58842-e415-11e6-ba11-63c4b4fb5a63_story.html; Graham. <https://www.thestranger.com/slog/2021/06/15/58239494/things-got-a-little-heated-in-a-discussion-about-safe-consumption-sites-with-reagan-dunns-challengers>; Lawrence O. Gostin et al., "Supervised Injection Facilities: Legal and Policy Reforms," *JAMA* 321:8 (Feb. 26, 2019), pp. 745-746. <https://pubmed.ncbi.nlm.nih.gov/30730548>.

177. Markovich. <https://komonews.com/news/local/court-rules-against-seattles-efforts-for-supervised-injection-sites-for-heroin-users>; Graham. <https://www.thestranger.com/slog/2021/06/15/58239494/things-got-a-little-heated-in-a-discussion-about-safe-consumption-sites-with-reagan-dunns-challengers>.

178. Markovich. <https://komonews.com/news/local/court-rules-against-seattles-efforts-for-supervised-injection-sites-for-heroin-users>.

179. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>.

180. Ibid.

181. Ibid.

182. Ibid.; Office of the Deputy Attorney General, "Guidance Regarding Marijuana Enforcement," U.S. Department of Justice, Aug. 29, 2013. <https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf>.

183. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>.

184. National Governors Association. <https://www.nga.org/center/publications/supporting-and-sustaining-access-to-harm-reduction-services-for-people-who-use-drugs>.

185. Ibid.; Diggles. <https://digitalcommons.law.wne.edu/lawreview/vol42/iss1/5>; Cohen. <https://www.healthaffairs.org/doi/10.1377/forefront.20181127.121405/full>; Kerr et al. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1>.

186. Diggles. <https://digitalcommons.law.wne.edu/lawreview/vol42/iss1/5>; Longnecker. <https://repository.law.miami.edu/umlr/vol74/iss4/8>.

at the state level has the added benefit of ensuring that OPCs do not violate provisions of state laws or constitutions.¹⁸⁷ Additionally, governors or state health commissioners can advance regulations or executive orders that authorize OPCs, though these actions may be construed as beyond the executive branch's authority.¹⁸⁸

Actions that local governments can take mirror state actions, although they are less likely to stand up to challenges from federal or state authorities.¹⁸⁹ A mayor, city council or local health commissioner could authorize the creation of OPCs, as Mayor de Blasio did in New York City.¹⁹⁰ Although ensuring buy-in from all stakeholders is important for opening an OPC regardless of who authorizes its creation, this is especially important at the local level to protect the people who use the OPC and OPC staff from legal ramifications.¹⁹¹

Pragmatic Approaches for Establishing OPCs

In addition to focusing on the legal authorization of OPCs, jurisdictions can encourage or require prospective OPC operators to follow several key best practices. First and foremost, prospective OPCs should garner community support.¹⁹² If a state authorizes a pilot program, OPCs should still seek consent from the municipality where they intend to open. This is something Rhode Island's legislation requires.¹⁹³ Collaborating with local government agencies—especially the health department and law enforcement—is also critical to the success of prospective OPCs. One way to ensure that all parties have reached a mutual understanding of the objectives of the OPC is to have each entity sign a memorandum of understanding that outlines standards for operation and each group's roles and responsibilities. King County, Washington, has guidelines for OPCs that make this recommendation.¹⁹⁴ Not only should prospective OPCs work with municipal officials, but they should also gain the support of the neighborhood influencers in the community where they plan to open.

As should be the case when implementing any new intervention, there should be a requirement that OPCs conduct rigorous evaluations of their utilization, impact on public health and, if possible, public safety.¹⁹⁵ California's SB 57 lays out the minimum requirements for an annual report, and the New York City Department of Health and Mental Hygiene, in collaboration with OnPoint, published an academic journal article describing the outcomes from the first two months of operation.¹⁹⁶ In addition to reporting requirements, ensuring that the OPCs have formalized policies for operation is vital to their success. These policies can include required training for staff, standard operating procedures and recordkeeping requirement, among other things. Rhode Island's legislation outlines

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187. Longnecker. <https://repository.law.miami.edu/umlr/vol74/iss4/8>.

188. Cohen. <https://www.healthaffairs.org/doi/10.1377/forefront.20181127.121405/full>.

189. Ibid.

190. Cohen. <https://www.healthaffairs.org/doi/10.1377/forefront.20181127.121405/full>; "There is Love in the Overdose Prevention Center." <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

191. Cohen. <https://www.healthaffairs.org/doi/10.1377/forefront.20181127.121405/full>.

192. Yang and Beletsky. <https://pubmed.ncbi.nlm.nih.gov/32243940>.

193. "Harm Reduction Centers (216-RICR-40-10-25)." <https://rules.sos.ri.gov/regulations/part/216-40-10-25>.

194. King County Community Health Engagement Locations (CHEL) Design Team. <https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/herointf/CHEL-Implementation-Guidelines.ashx?la=en>.

195. Samuels et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794326>.

196. "Senate Bill No. 57," last accessed Aug. 12, 2022. https://leginfo.ca.gov/faces/billPdf.xhtml?bill_id=2021202205B57&version=202105B5793ENR; Harocopos et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>.

several requirements for OPC bylaws.¹⁹⁷ Other policies that are important to the success of an OPC include ensuring client confidentiality and not requiring client identification.¹⁹⁸ Overall, OPCs should fit the needs of the population using the services and provide as few barriers to use as possible while ensuring client safety.¹⁹⁹

Conclusion

OPCs are a powerful and cost-effective harm reduction tool that can improve health outcomes among PWUD. Although they have been operating abroad since the 1980s, the United States has only recently opened OPCs that are not operating underground.²⁰⁰ Despite accumulating evidence that OPCs decrease overdose deaths, decrease new HIV and hepatitis C infections, increase treatment uptake and decrease higher-risk drug consumption behaviors—all without increasing crime or drug use rates—the federal government has remained quiet on the subject.²⁰¹ States and localities, however, are moving forward with plans to open OPCs as another tool to combat rising overdose rates.²⁰² The jurisdictions that have already approved or opened these facilities have provided roadmaps for policymakers at all levels of government demonstrating how they, too, can facilitate the opening of OPCs. Just as harm reduction encourages people to make incremental changes to reduce risk, incremental policy changes can also have a significant impact on the population as a whole. Expanding access to harm reduction services saves lives, and OPCs are yet another harm reduction tool that policymakers can use to improve public health.



Despite accumulating evidence that OPCs are effective, the federal government has remained quiet on the subject while states and localities continue to advance their plans.

197. “Harm Reduction Centers (216-RICR-40-10-25).” <https://rules.sos.ri.gov/regulations/part/216-40-10-25>.

198. Ibid.

199. “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

200. Moraff. <https://nymag.com/intelligencer/2022/02/how-supervised-drug-consumption-went-from-radical-to-reality.html>; “There is Love in the Overdose Prevention Center.” <https://cei.podbean.com/e/there-is-love-in-the-overdose-prevention-center>.

201. Naeem et al. <https://www.nejm.org/doi/full/10.1056/NEJMp2119764>; National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>.

202. Clark and Grana. <https://www.intechopen.com/chapters/81683>; “HB 123: Limited Immunity for Overdose Programs.” <https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=123&year=21>; Allyn. “Judge Rules Planned Supervised Injection Site Does Not Violate Federal Drug Laws.” <https://www.npr.org/2019/10/02/766500743/judge-rules-plan-for-safehouse-drug-injection-site-in-philadelphia-can-go-forward>; National Institute on Drug Abuse. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>; National Center for Health Statistics. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.

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