

# Overdose Prevention Centers

## Background & History

---

*For the past 20 years, overdose deaths have dramatically increased in Colorado. While the state has tried to reduce overdose rates, one effective strategy that has not been utilized is for the state to give local control to cities that want to develop Overdose Prevention Centers (OPC). This brief will illustrate what OPC are, the need and history of OPC in Colorado, why they are essential to saving lives and how allowing local control to operate an OPC in Colorado is critical given the high rates of overdoses Coloradans are experiencing every day.*

### What are Overdose Prevention Centers?

Overdose Prevention Centers (OPC), are legally sanctioned and supervised facilities designed to reduce health problems associated with drug use, including reducing the number of fatal overdoses. It is a public health approach to reducing overdose deaths and supporting people who use drugs. These facilities provide a space for people to consume pre-obtained drugs in a controlled setting under the supervision of trained staff with access to sterile equipment. Participants may also receive medical services, such as hepatitis C testing, naloxone, community supports, auricular acudetox treatments and referrals to health and social services, including drug treatment. OPC reduce the number of people consuming drugs in public and provide a safe space where people can receive an immediate intervention if an overdose occurs.

Providing local control of an OPC allows local agencies and governments to establish many of the regulations and oversight of an OPC to ensure compliance with local, state and federal public health requirements. OPC tend to be one component of a variety of harm reduction and public health services that may be offered at an OPC location. For example, onsite wound care or basic medical services could be offered in addition to offering use of an OPC. Syringe and pipe access services are another example of a service that could be offered without a person necessarily having to use the OPC. The OPC is typically a separate room within a larger building or site where in order to access the OPC a participant would need to sign in and answer a few questions to better help staff understand what drugs are being consumed and what interventions may be able to be used if the person overdoses. OPC are designed for and able to support people who have a history of complex and chaotic drug use. It is not a place for first time, casual or recreational drug users to access.

Typically, OPC are staffed by both medical and non-medically trained staff who are able to recognize and respond to an overdose if one should occur. Sterile equipment is provided to people (i.e. cookers, cottons, straws, syringes, etc.) in a room that usually has at least 2 staff at all times available to monitor OPC activity. Oxygen, defibrillators, and naloxone are readily available if they are needed. In addition, peers are utilized to provide support and connection to services as well as therapists, counselors, and other behavioral health specialists. While a person is participating in and receiving services onsite, they cannot be charged criminally due to possessing or consuming drugs. It is illegal to sell or distribute illicit drugs while at an OPC, but a person is able to consume drugs in a monitored, safe setting outside of public view.

The first OPC started operating in Switzerland in the 1980's and since then their use has expanded. There are now close to 200 OPC locations operating in at least 15 countries across the globe.<sup>i ii</sup> While OPC have been

operating in various countries, cities and settings for over 30 years, there has never been a fatal overdose at an OPC.<sup>iii</sup> In November 2021, due to overwhelming support from the Mayor, local police, prosecutors and public health officials, New York City became the first city in the United States to legally operate an OPC while the state of Rhode Island became the first state to legislatively enact and support the operation of an OPC in July 2021.

### Why are OPC needed in Colorado?

Just like the rest of the United States, Colorado has seen a dramatic increase in overdoses during the last 20 years. Colorado overdose deaths began rising faster in 2016 with the growing availability of powerful synthetic opioids such as fentanyl and other unregulated drugs, and the Colorado Health Institute attributes the particularly sharp rise in overdose deaths in 2020 to the COVID-19 pandemic, which resulted in social isolation, a pandemic-induced recession, and changes to care delivery that had an “unprecedented impact on substance use and on treatment and support options.”<sup>iv</sup> Colorado saw an increase of fatal overdoses from 1,477 people in 2020 to 1,881 people in 2021.<sup>v</sup>

The shift in the drug supply to synthetic opioids has also contributed to an increase in deaths of people who experience homelessness. For example, preliminary numbers show that 40 of the 370 overdose deaths that occurred in Denver in 2022 happened outdoors, according to data from the medical examiner’s office<sup>vi</sup>.

**Using drugs alone is one of the biggest risk factors for experiencing a lethal overdose.** Other factors that have contributed to the rise of overdose deaths include poly-drug use (the use of two or more substances at once), significant lack of access to prevention, recovery, and addiction treatment services, and the risk of arrest, stigma and shame associated with drug use that prevents people from seeking help for themselves or others experiencing an overdose.

**Figure 1. Colorado Overdose Death Rate by Year, 2000–2020**

Age-adjusted rate (per 100,000)

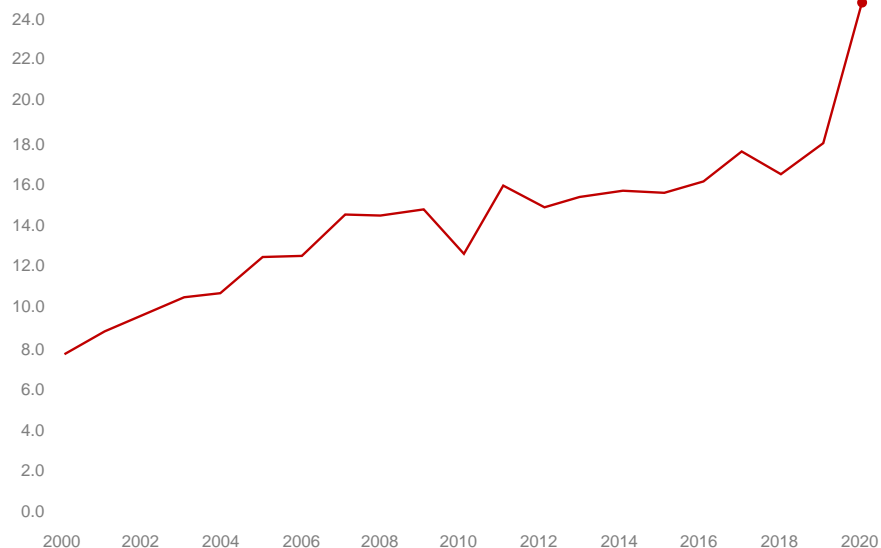


Chart: Colorado Health Institute • Source: Colorado Department of Public Health and Environment

Historically, Colorado has tried to address the overdose epidemic by increasing criminal penalties for drug possession and distribution, with a particular focus on fentanyl, which is not effective in preventing overdoses.

The state has also increased its investments in trying improve access to behavioral health treatment services, which is sorely needed, but will never meet the demand across the state. For example, in 2019, an estimated 5% of adults in Colorado reported having an illicit drug use disorder in the previous year<sup>vii</sup> and according to the Colorado Health Institute 2021 Colorado Health Access Survey, approximately 80,000 Coloradans did not get needed substance use treatment in 2021 due to a variety of factors.<sup>viii</sup>

While the state has more recently began funding and supporting harm reduction services with the creation of the Harm Reduction Grant Program in 2019, OPC are an evidence-based response to reducing fatal overdoses that is missing. OPC meets the needs of people who do not want to stop using drugs or who are unable to find effective substance use disorder treatment in a timely manner.

### **Is there research that demonstrates the impact of OPC on individuals and the community?**

Numerous peer-reviewed scientific studies have proven the positive impacts of OPC. In fact, according to Davidson, et. al (2021) "A considerable body of research describes the health and social order outcomes associated with these sites, with over 75 peer-reviewed publications (Potier et al., 2014) describing positive health outcomes for the people using the sites and the neighborhoods in which they are located, including reducing infectious disease risk (Salmon et al., 2009), overdose mortality (Milloy et al., 2008), and drug use (DeBeck et al., 2011)."

Specifically, the research found these benefits include<sup>ix</sup>:

- Successfully managing overdoses and reducing overdose death rates.
- Increased access to drug treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.
- Reduced public disorder, reduced public drug use, and increased public safety.
- Attracting and retaining a high-risk population of people who use drugs, who are at heightened risk for infectious disease and overdose.
- Reduced HIV and Hepatitis C risk behavior (e.g. syringe and other injection equipment sharing, unsafe sex).
- Reduced prevalence and harms of bacterial infections (e.g. staph infection, endocarditis).
- Cost savings resulting from reduced disease, overdoses, and need for emergency medical services, and increased preventive healthcare and drug treatment utilization.
- No increase in public community drug use.
- No increase in people being initiated into injection drug use.
- No increase in drug-related crime.

One recent study that analyzed an unsanctioned OPC in the US found a decrease in criminal activity in the area around the OPC in the five years following its opening.<sup>x</sup> Another recent study looked at the impact of the first 2 months of the 2 OPC operating in New York City. During that time, "trained staff responded 125 times to mitigate overdose risk." In addition, early data suggested that "supervised consumption in these settings was associated with decreased overdose risk. Data also suggested that OPC were associated with decreased prevalence of public drug use."<sup>xi</sup>

### **Have any communities in Colorado expressed interest in starting an OPC?**

In November 2018, Denver City Council voted 12-1 in support of an exemption in the City nuisance ordinance to support the operation of an OPC should the state General Assembly enact legislation. Denver moved forward with a city ordinance after the failure of SB18-040, Substance Use Disorder Harm Reduction, which would have

allowed the operation of a supervised injection facility pilot.

According to a white paper written in collaboration by multiple organizations including the Colorado Fiscal Institute and Law Enforcement Action Partnership in February 2019, operating a OPC in the city and county of Denver could save the city \$6.9 million dollars and every dollar spent on the facility would return an estimated \$4.89 in savings.<sup>xii</sup>

**Now is the time for Colorado to allow cities to have the ability to establish, regulate and authorize an OPC.**

Prevention and treatment are important public health strategies, but they are not enough to substantially reduce overdoses and overdose deaths. Municipalities, in partnership with other stakeholders in their communities, should have the option to operate an OPC without undue state interference. Allowing an OPC at the local level will directly address the risks associated with continued drug use, reduce costs, improve public safety, and most importantly save people's lives.

## Endnotes:

---

<sup>i</sup> Yoon, G.H., Levensgood, T.W., Davoust, M.J. *et al.* Implementation and sustainability of safe consumption sites: a qualitative systematic review and thematic synthesis. *Harm Reduct J* 19, 73 (2022). <https://doi.org/10.1186/s12954-022-00655-z>

<sup>ii</sup> Peter J. Davidson, Barrot H. Lambdin, Erica N. Browne, Lynn D. Wenger, Alex H. Kral. Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019, *Drug and Alcohol Dependence*, Volume 220, 2021, 108521, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2021.108521>.

<sup>iii</sup> Kennedy MC, Hayashi K, Milloy MJ, Wood E, Kerr T. Supervised injection facility use and all-cause mortality among people who inject drugs in Vancouver, Canada: A cohort study. *PLoS Med*. 2019 Nov 26; 16 (11): e1002964. doi: [10.1371/journal.pmed.1002964](https://doi.org/10.1371/journal.pmed.1002964). PMID: 31770391; PMCID: PMC6879115.

<sup>iv</sup> Colorado Health Institute, "[A Parallel Epidemic: More Overdose Deaths in 2020, Fentanyl Fatalities Spike](#)," webpage, last reviewed March 2022.

<sup>v</sup> Colorado Department of Public Health and Environment, [Counts of Drug Overdose Deaths due to Any Drug in Colorado 2020 – 2021](#), webpage, last reviewed January 2023.

<sup>vi</sup> Brown, Jennifer, Prentzel, Olivia. [The Last Few Months of 2022 Have Been Particularly Deadly for Coloradans who are Homeless](#). Colorado Sun article, December 28, 2022, webpage, last reviewed January 2023.

<sup>vii</sup> Kaiser Family Foundation, "[Mental Health and Substance Use State Fact Sheets: Colorado](#)," webpage, last reviewed January 2023.

<sup>viii</sup> Colorado Health Institute, "[Colorado Health Access Survey 2021](#)," webpage, last reviewed January 2023.

<sup>ix</sup> Drug Policy Alliance, [Supervised Consumption Centers. 2018](#), webpage, last reviewed January 2023.

<sup>x</sup> Peter J. Davidson, Barrot H. Lambdin, Erica N. Browne, Lynn D. Wenger, Alex H. Kral. Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019, *Drug and Alcohol Dependence*, Volume 220, 2021, 108521, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2021.108521>.

<sup>xi</sup> Harocopos A, Gibson BE, Saha N, et al. First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US. *JAMA Network Open*. 2022; 5(7): e2222149. doi:[10.1001/jamanetworkopen.2022.22149](https://doi.org/10.1001/jamanetworkopen.2022.22149).

<sup>xii</sup> Drug Policy Alliance, Law Enforcement Action Partnership, Colorado Fiscal Institute, Harm Reduction Action Center. *The Costs and Benefits of a Supervised Use Site in Denver, Colorado*. (February 2019).

## Contacts:

Lisa Raville  
Executive Director  
Harm Reduction Action Center  
[lisa.harm.reduction@gmail.com](mailto:lisa.harm.reduction@gmail.com)

Terri Hurst, MSW  
Health Justice Manager  
Colorado Criminal Justice Reform Coalition  
[terri@ccirc.org](mailto:terri@ccirc.org)

COLORADO  
CRIMINAL  
JUSTICE  
REFORM  
COALITION

HARM  
REDUCTION  
ACTION CENTER