



**PUBLIC BRIEF:  
OVERDOSE PREVENTION CENTERS**

*March 2024*



## INTRODUCTION

This document, prepared by the Boston Public Health Commission (BPHC), summarizes issues related to potential development of an Overdose Prevention Center (OPC) pilot in Boston to address the urgent opioid overdose crisis. OPCs are also referred to as supervised consumption or safe injection sites and are one of several harm reduction strategies used to address the global epidemic of drug overdose. OPCs are facilities where people can use their own pre-obtained drugs, designed with the goal of reducing fatal overdoses, public drug consumption, and related outcomes.

### **Suggested Citation:**

Boston Public Health Commission, Public Brief: Overdose Prevention Centers (Boston, Massachusetts 2024)



## PUBLIC HEALTH NEED

[In 2022, 353 people](#) died of an opioid overdose in Boston. In the same year, accidents were the leading cause of premature death among Boston residents, with opioid overdose the top cause. From 2019 to 2022, Boston experienced a 36% increase in opioid related deaths, [more than twice](#) the statewide rate of increase (16%) over the same time period.

The 2022 data show that opioid-related overdoses have [disproportionately affected Black and Latinx individuals](#) in Boston. From 2020-2022 combined, the average annual opioid overdose mortality rate for Black and Latinx residents was 66% and 31% higher than white residents, respectively. The rate of overdose death for Black residents from 2020-2022 is a 130% increase from the rate observed from 2017-2019. Data compiled by BPHC in its recent Health of Boston Report demonstrate that the leading cause of premature deaths among male Black and Latinx residents for 2017 through 2021 combined was accidents, with opioid overdoses accounting for most of these deaths.

Beyond the immense loss of life, overdoses [burden our medical system and increase healthcare costs](#). The Institute for Clinical and Economic Review estimates that overdoses in Boston result in 787 ambulance rides per year, costing \$411,400. Overdoses are also projected to result in 564 emergency department visits annually, costing \$1,947,000. Moreover, overdoses result in 271 hospitalizations per year, costing \$2,215,000 annually.

Injection drug use is also a primary transmission route for infectious diseases including HIV and Hepatitis C. In late-2018, Massachusetts State officials began tracking an HIV cluster among people who use drugs in Boston. From then through 2021, the State diagnosed [164 individuals with HIV](#). The cluster remains ongoing. For comparison, between 2010 and 2019, there was an annual average of about 60 new cases among people who inject drugs [in the entire state of Massachusetts](#).

Public injection drug use creates additional public safety harms and associated costs. BPHC Recovery Services operates a Mobile Sharps Team that proactively sweeps parks and responds to requests to pick up syringes. In 2022, the Mobile Sharps Team collected 6,872 syringes.

## EVIDENCE-BASE FOR OPCS

Over the past 30 years [more than 100 OPCs](#) have been established in Europe and Canada. In 2021, On Point NYC, a harm reduction service provider in New York City, launched the



first [two sanctioned OPCs in the US](#). Research has thoroughly documented the impact, safety, and cost-effectiveness of OPCs.

- **Overdose Death:** [No overdose death](#) has ever been reported at a legally sanctioned OPC. One Vancouver OPC saw a [35% decrease](#) in overdose death within its high-use neighborhood.
- **Infectious Disease:** OPCs have been found to decrease harmful injection behaviors such as syringe sharing and re-use. Evidence from Canada demonstrates that OPCs prevent [more than 80 HIV infections annually](#). Similarly, the evidence from Spain showed a [substantial decrease in the number of new HIV](#) infections from 19% in 2004 to 8.2% in 2008.
- **Drug Use/Litter in Public Spaces:** OPCs offer syringe disposal. The programs are associated with a [reduced concentration of drug use and syringe litter](#) in the surrounding area.
- **Healthcare Costs Related to Drug Use:** A 2021 report modeling OPCs in multiple US cities found that operating an OPC in Boston could expect to [save \\$4M in healthcare costs](#).
- **Hospital Burden:** Models project that operating an OPC in Boston [would prevent](#) 773 ambulance transports per year, 551 emergency department visits, and 264 hospitalizations. Additionally, a recent study of an unsanctioned OPC in the U.S. found that participants were [27% less likely](#) to visit the emergency room or experience a hospital stay.
- **Treatment Referral & Uptake:** OPC usage is associated with [increased uptake](#) in addiction treatment referral, medical detox, and methadone therapy.
- **Crime:** [New York City's two OPCs](#) have not resulted in significant increases in crime within their neighborhood. [OPC research](#) has shown associations with reductions in crime.

## EXISTING HARM REDUCTION SERVICES IN BOSTON

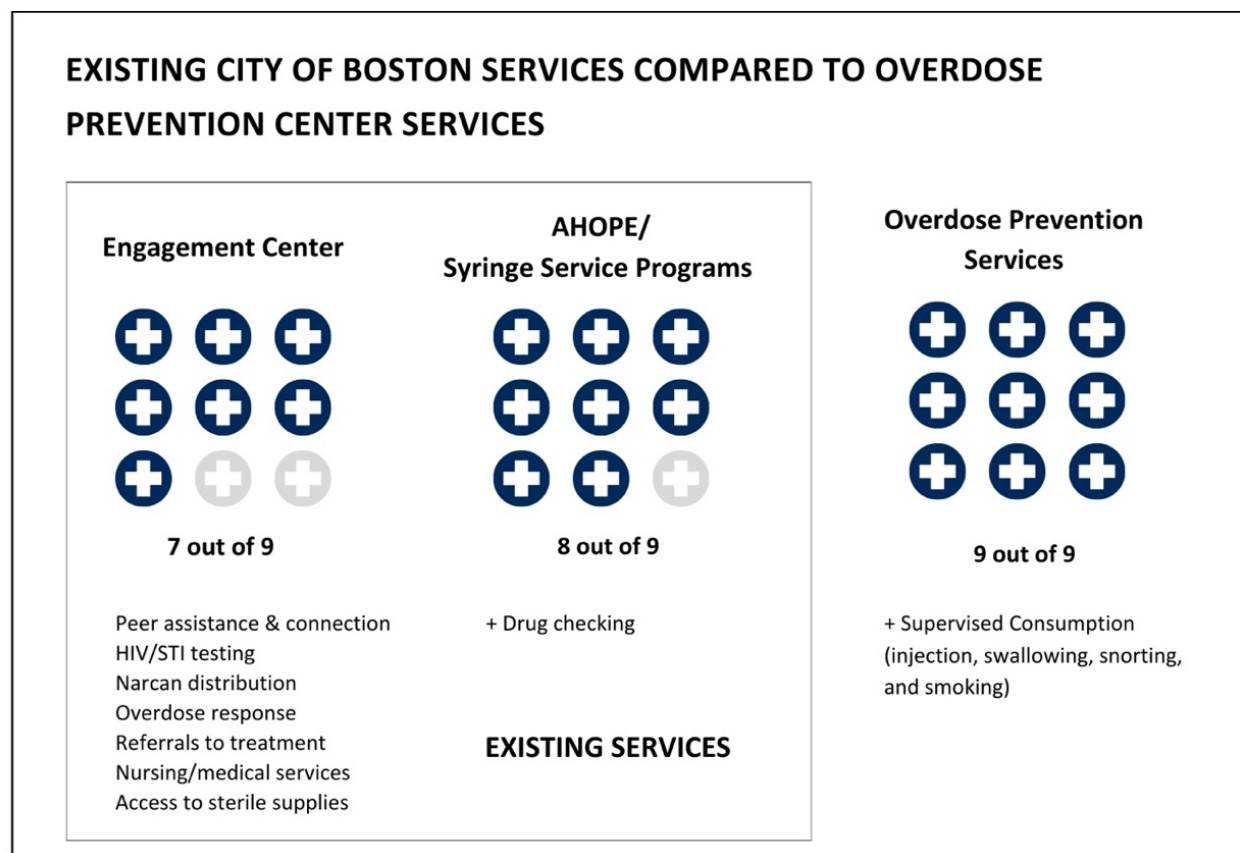
The BPHC operates a continuum of care including referrals for medical detox, residential treatment, as well as an array of programs targeted directly at reducing overdoses and harms among people who use drugs. BPHC already delivers nearly all the services typically provided in OPCs. BPHC's AHOPE program provides a syringe exchange, safer smoking supplies, harm reduction counseling, HIV/STI testing, and drug testing.

Expanding access to naloxone is another critical aspect of the response to overdoses. BPHC Recovery Services distributed nearly 12,000 doses of Narcan to residents and community partners in 2023 and outreach workers reverse up to five overdoses a day. In 2023, BPHC Homeless Services distributed 526 doses of Narcan and responded to 215 overdoses to



shelter guests. Boston EMS responded to 4,245 narcotic related incidents in 2022. 2,181 EMS patients received naloxone administration. EMS also leaves-behind naloxone and fentanyl test strips following narcotics-related incidents. BPHC offers free training to the public on how to respond to overdoses and administer naloxone. The opening of an OPC in Boston could be expected to reduce the number of 911 calls related to opioid overdose.

In 2022, BPHC opened two day-spaces in Roxbury and Back Bay that serve as safe environments where individuals can get connected to clinical care and services, access basic amenities, and build trust with providers. BPHC and its partners modeled these sites after the City-run Engagement Center, which offers the same services, plus syringe distribution through a team of street outreach workers (see figure below).





## LOCAL ASSESSMENTS

Several entities have previously analyzed the prospect of implementing OPCs in Massachusetts. In 2019, the legislatively created [Harm Reduction Commission](#) recommended that a pilot program should be part of the Commonwealth's efforts to combat the opioid crisis. The [Massachusetts Department of Public Health](#) has released an OPC feasibility study and is supportive of changes in law and policy to address liability for facility owners and establish a regulatory framework for an OPC pilot program in Massachusetts.

In Spring 2022, Boston conducted over 20 stakeholder meetings to inform a Long-Term Strategic Outlook for addressing substance use and unsheltered homelessness. Participants frequently proposed OPCs as a solution to reducing public drug use and littering, and as a way of connecting people to services.

The Institute for Clinical and Economic Review (ICER) leveraged a board of experts and public comment process to generate [recommendations](#) on OPCs. The 2021 report concluded that OPCs save lives and reduce healthcare costs, compared to syringe service programs alone. ICER reviewed the scientific evidence and modeled OPC operation in Boston and five other major cities.

In 2017, Massachusetts Medical Society (MMS) became the first statewide association for physicians in the country to [endorse OPCs](#) following a study commissioned by the MMS Task Force on Opioid Therapy and Physician Communications. The report also advocated for expanding Boston Healthcare for the Homeless' Supportive Place for Observation and Treatment (SPOT) sedation monitoring program into one of these new centers.

In 2021 the City of Somerville [produced a needs assessment and feasibility study](#) regarding OPCs, contracting with the local health center, Fenway Health, and engaging the city community. The report recommended opening at least one OPC in Somerville.

Officials from BPHC and other Boston agencies including the Police Department, Fire Department, and Emergency Medical Services visited multiple locations to learn more about OPCs and their outcomes. Officials visited Montreal and Toronto in Winter 2019, Philadelphia in Winter 2019, and New York City in Fall 2022.

For several years, BPHC has been conducting internal research on OPCs exploring both efficacy and feasibility as well as advocating for legislative change to provide greater protections from criminal charges for providers delivering harm reduction services. During these years, BPHC assigned a [Harvard School of Public Health fellow](#) and two Boston University graduate students to research reports and memos, informing this document.



## POLICY LANDSCAPE

Courts in other jurisdictions have found OPCs illegal at the federal level due to the 1986 Controlled Substances Act (CSA). However, similar to precedent with state cannabis decriminalization efforts, the Department of Justice and state and local law enforcement have discretion in interpreting and enforcing federal drug laws and may be more likely to deprioritize enforcement where the services are sanctioned at the local or state level.

While there is no affirmative policy regarding OPCs at the federal level, federal law enforcement agencies or prosecutors are not currently pursuing charges against the OPCs operating in New York City. For their part, New York City leadership has directed local law enforcement not to interfere with the two programs. Support from District Attorneys, the Mayor, and the municipal government were key to sanctioning the NYC centers. As noted above, [two existing syringe service programs](#) agreed to pioneer the OPCs. Rhode Island passed State [legislation](#) to pilot OPCs in 2021 and recently selected the [location](#).

In Massachusetts, while existing state drug laws and professional licensure requirements present liabilities for clients, staff, and owners of OPC facilities, there is currently no law that explicitly prohibits or sanctions OPCs. Bill H.1981/S.1242 would create liability protections and provide a legal framework under which OPCs could operate. The [legislation](#) proposes a 10-year pilot establishing two or more OPCs, regulated by DPH, pending approval by a local board of health. Earlier this year, the bill moved out of committee, progressing through the legislative process, although further steps remain before the bill can be made law.

## LOCAL SUPPORT

OPCs have [broad and growing support](#) among stakeholder organizations as well as grassroots leaders in substance use and recovery services. These supporters include Massachusetts Medical Society, Boston Medical Center/Grayken Center for Addiction, Fenway Health, the Massachusetts Health and Hospital Association, Massachusetts General Brigham, [Boston Globe](#), Tapestry Health Systems, the Massachusetts Public Health Association, Massachusetts Society of Addiction Medicine, and the Massachusetts Organization for Addiction Recovery.

[Polling of Massachusetts voters](#) found that 70% strongly supported passing legislation to implement OPCs in the state. A study [interviewed 356 individuals](#) participating in harm reduction programs in Boston and other MA cities, finding that 77% said they would use an OPC.



Over summer 2023, the BPHC [engaged Boston communities](#) around how to spend opioid settlement funds. Twenty-seven percent of RFI respondents explicitly called for piloting OPCs in Boston, tying for the third most preferred strategy. Sixty-three percent called for spending settlement funds on harm reduction.

## RECOMMENDATIONS

BPHC and our partners respond to opioid overdoses daily in the city and see the preventable opioid overdose death toll among city residents. Because of local public health's closeness to the harms of substance use, it is well positioned to help craft solutions. Overdose numbers from 2022 and the disproportionate rise in overdoses among Black and Latinx individuals underscore the urgency of implementing OPCs in Massachusetts. To support that goal Boston is engaged in planning to lay the groundwork for a potential OPC.

New York City Health Department published [guidelines](#) for operating Overdose Prevention Centers and a [blueprint](#) for opening OPCs in the Journal of Urban Health. Through similar actions, the Boston Public Health Commission and the provider community can play an important role in creating the conditions to make possible a successful pilot of this lifesaving service in anticipation of changes in state law to provide legal protections and frameworks.

We recommend that BPHC undertake the following steps to prepare for OPC implementation:

- 1. Assess the Readiness of Potential OPC Providers:**
  - a. Determine which providers have the expertise, infrastructure, funding, and community relations to successfully launch an OPC
  - b. Assist prospective providers with preparation of an OPC operational manual
  - c. Assess the viability and risk of establishing an OPC in Boston
- 2. Plan an Evaluation:**
  - a. Provide technical assistance around designing and implementing an evaluation system to monitor metrics like client utilization and experience
  - b. Leverage other data systems to track metrics like overdose-related EMS calls, 311 tickets related to encampments and syringe pickup, and public safety data
- 3. Engage Stakeholders:**
  - a. Engage local entities like neighborhood associations and district attorneys' offices, state entities such as the Department of Public Health and Governor's office, and federal agencies like as Health and Human Services





- b. Facilitate information sharing with Boston Board of Health and coordinate potential approval process
- 4. Support the OPC Launch and Operation:**
- a. Engage local media and interested community members in advance
  - b. Plan for referring participants to the OPC from the BPHC drug user health programs and linking clients to substance use treatment programs through the commission's PAATHS program
  - c. Hold weekly calls with the implementers and other key stakeholders to gather feedback on the program model and offer any needed technical assistance