

BNM Overdose Prevention Sites Position Statement

This country is in the midst of an overdose crisis. According to the CDC for the year 2021, there were 109,179 overdose deaths (1). It is estimated that in the US, over 1,000,000 people will die of overdose between 2020 and 2029 (2). For over 100 years this country has sought to eliminate illicit drug use by interdicting drugs at our borders and through the arrest and incarceration of those who use and sell drugs. The failure of these supply-side tactics is evident in 109,179 overdose deaths in one year and potentially 1,000,000 or more deaths in this decade. If we want to save lives, we must look past the failed policies of the past and embrace interventions based on public health, Harm Reduction, and science.

An Overdose Prevention Site (OPS) is one such intervention. An OPS is a facility in which a person brings preobtained substances and uses them in a supportive and nonjudgmental setting under the supervision of medical personnel and trained peers who can intervene in case of an overdose. The primary purpose of these facilities is to reduce overdose deaths but other goals include reducing the spread of blood-borne diseases, providing access to social services (e.g., housing), medical services, and linkage to substance use treatment or provide access to treatment on-site (3, 4, 5, 6, 7).

The first OPS was established in Berne, Switzerland in 1986 (8). As of this writing, there are almost 200 of these facilities operating in 14 countries: Canada, Germany, Switzerland, France, Portugal, Ukraine, Norway, the Netherlands, Australia, Belgium, Spain, Denmark, Iceland, and the US (two in New York City) (9). Since the opening of the first OPS, there have been millions of injections and thousands of overdoses in these facilities. And not one death. No one has ever died of an overdose in an OPS (10, 11).

Over the years, an abundance of evidence on the efficacy of OPSs has been published. Some have questioned the methodological rigor of the research concerning OPSs (12, 13). However, while recognizing these methodological difficulties the scientific community has reached a consensus on the efficacy of OPSs. The consensus is expressed by this statement of the National Institutes of Health and the National Institute on Drug Abuse: "Methodological caveats notwithstanding, drug use supervision and overdose management have the potential to provide health benefits to at-risk PWID (people who inject drugs) as well as economic advantages to the larger community. The preponderance of the evidence suggests these sites are able to provide sterile equipment, overdose reversal, and linkage to medical care for addiction, in the virtual absence of significant direct risks like increases in drug use, drug sales, or crime" (11).

These conclusions were also those of the Institute for Clinical and Economic Research: “Evidence from both Vancouver and Sydney found a significant reduction in occurrences of nonfatal overdose and mortality from overdose in the SIF neighborhood and beyond. Furthermore, our research team has not uncovered any report of an overdose death at a SIF, bolstering our confidence in this outcome. SIFs have demonstrated an ability to assist clients with accessing medical, mental health, and social support services, including the use of addiction treatment services” (14). And from a systematic review of the scientific literature concerning OPSs: “For policymakers, this review relays evidence from a growing body of literature demonstrating the effectiveness of SIFs in reducing overdose mortality and frequency, as well as improving access to addiction treatment. These outcomes were observed with no increase in crime and drug use–related public nuisance. In fact, several included studies in this review documented decreases in crime following the opening of SIFs.” (15).

While opponents of OPSs can cherry-pick data or studies to support their stance, the scientific community has reached the consensus that OPSs are effective in achieving their goals and that they do so without causing harm to the surrounding community. Since opponents of OPSs cannot use science as an argument to support their stance, what is their basis for opposing these facilities?

The arguments used by opponents of OPSs were articulated by former Deputy Attorneys General of the United States Jeffrey A Rosen (16) and Rod J. Rosenstein (17). The arguments are that these Sites enable illicit drug use and, thus, perpetuate addiction instead of treating it. They state that these Sites destroy the surrounding areas because when drug users gather, drug sellers inevitably follow leading to open-air drug markets and increased violence and crime. It is also stated that these Sites send the wrong message to the youth of this country with the Sites normalizing illicit drug use and making it appear that illicit drugs can be used safely. It is also argued that these Sites will not help to end the drug crisis, but exacerbate it.

Neither Mr. Rosen nor Mr. Rosenstein cite any scientific data to support their arguments but, instead, cite newspaper articles and one article from the Atlantic. They use opinions and anecdotes to support their arguments, not science.

The lack of scientific support for these arguments is unsurprising in that they are based not on science or facts, but on morality. They are based on the moral judgment that the use of illicit drugs is an intrinsic evil (18) and, as such, should be eliminated. Those that hold this moral stance believe that OPSs, by allowing the use of illicit drugs, perpetuate this evil (19, 20). They, thus, believe they are morally justified in denying people who use illicit drugs access to an OPS.

Those who use their morality to justify their opposition to OPSs subvert an even greater moral imperative: “It is often said that human life is priceless. No amount of money or other goods equals the value of a human life. The only justification for not preventing the loss of a human life when one can do so is that it would result in the loss of even

more lives. In short, only human lives can be balanced against human lives.” (21). If suppressing what is believed to be an intrinsic evil creates an even greater evil, then that is not a moral act but an immoral one.

Only if those who oppose OPSs based on their view of morality can demonstrate not by opinion, not by anecdote, but by scientific evidence that more people will die rather than be saved from death through the operation of an OPS can they justify their opposition on moral grounds. They would, thus, have to demonstrate that more people die because of the OPS than lives are saved by the OPS. This they cannot do.

We, the Board of Directors of Broken No More, have experienced the loss of those we love to overdose. Our goal is to prevent others from experiencing this loss. We understand that Overdose Prevention Sites will not solve this overdose crisis, but they are a part of the solution. They will save lives. And we fully support the establishment and operation of Overdose Prevention Sites because every life is priceless.

Board of Directors of Broken No More

Tamara Olt, M.D., Executive Director

Darleen Berg, LSWA, Chairperson

Denise Cullen, LCSW, Co-founder/Board Member

Aimee Dunkle, Board Member

Laura Cash, M.A., Board Member

Mary Stafford, J.D., Board Member

Sam Snodgrass, Ph.D., Board Member

References

1. Centers for Disease Control and Prevention. (2023, January 11). *Products - vital statistics rapid release - provisional drug overdose data*. Centers for Disease Control and Prevention. Retrieved January 20, 2023, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
2. News Center. (2022, February 2). *Stanford-Lancet report calls for sweeping reforms to mitigate opioid crisis*. News Center. Retrieved January 20, 2023, from <https://med.stanford.edu/news/all-news/2022/02/stanford-lancet-report-opioid-crisis.html>
3. Samuels, E. A., Bailer, D. A., & Yolken, A. (2022, July 15). *Overdose prevention centers: An essential strategy to address the overdose crisis*. JAMA Network Open. Retrieved

- January 20, 2023, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794326>
4. European Monitoring Centre for Drugs and Drug Addiction. (n.d.). *Drug consumption rooms: An overview of provision and evidence*. Retrieved January 20, 2023, from https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf
 5. Drug Policy Alliance. (n.d.). *Overdose prevention centers*. Drug Policy Alliance. Retrieved January 20, 2023, from <https://drugpolicy.org/issues/supervised-consumption-services>
 6. Haninig, III, W. F. (2021, September 29). *Overdose prevention sites can save lives and promote recovery. we must be willing to try them*. STAT. Retrieved January 20, 2023, from <https://www.statnews.com/2021/09/29/overdose-prevention-sites-save-lives-promote-recovery/>
 7. BC Centre on Substance Use (BCCSU). (n.d.). *Supervised consumption serv - BCCSU*. Retrieved January 20, 2023, from <https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf>
 8. European Monitoring Centre for Drugs and Drug Addiction. (2018, June 7). *Drug consumption rooms: an overview of provision and evidence*. Drug consumption rooms: An overview of provision and evidence. Retrieved January 20, 2023, from https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en
 9. *Overdose prevention centres*. Transform. (n.d.). Retrieved January 20, 2023, from <https://transformdrugs.org/drug-policy/uk-drug-policy/overdose-prevention-centres>
 10. Kennedy, M. C., Karamouzian, M., & Kerr, T. (2017, October). *Public health and public order outcomes associated with supervised drug ...* Retrieved January 20, 2023, from https://www.researchgate.net/publication/319492357_Public_Health_and_Public_Order_Outcomes_Associated_with_Supervised_Drug_Consumption_Facilities_a_Systematic_Review
 11. Department of Health and Human Services. (2021). *NIH RTC Overdose Prevention Centers - National Institute on Drug Abuse*. Retrieved January 20, 2023, from <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>
 12. Pardo, B., Caulkins, J. P., & Kilmer, B. (2018, December 5). *Assessing the evidence on supervised drug consumption sites*. RAND Corporation. Retrieved January 20, 2023, from https://www.rand.org/pubs/working_papers/WR1261.html
 13. Caulkins, J. P., Pardo, B., & Kilmer, B. (2019, July). *Supervised consumption sites: A nuanced assessment of the causal evidence*. Retrieved January 20, 2023, from https://www.researchgate.net/publication/334490600_Supervised_Consumption_Sites_A_Nuanced_Assessment_of_the_Causal_Evidence
 14. *Supervised injection facilities and other supervised consumption ... - icer*. (2021, January). Retrieved January 20, 2023, from https://34eyj51jerf417itp82ufdoe-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/ICER_SIF_Final-Evidence-Report_010821.pdf
 15. Levensgood, T. W., Yoon, G. H., Davoust, M. J., Ogden, S. N., Marshall, B. D. L., Cahill, S. R., & Bazzi, A. R. (2021, November). *Supervised injection facilities as harm reduction: A systematic review*. American journal of preventive medicine. Retrieved January 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8541900/>
 16. Rosen, J. A. (2021, January 20). *Philadelphia Inquirer op-ed: Safe injection sites enable drug users and endanger communities*. The United States Department of Justice. Retrieved January 20, 2023, from <https://www.justice.gov/archives/opa/blog/philadelphia-inquirer-op-ed-safe-injection-sites-enable-drug-users-and-endanger-communities>

17. Rosenstein, R. J. (2018, August 27). *Fight drug abuse, don't subsidize it*. The New York Times. Retrieved January 20, 2023, from <https://www.nytimes.com/2018/08/27/opinion/opioids-heroin-injection-sites.html>
18. Bayley, C., Bouchard, C., & Yant, A. (2017). *Assessing the ethical issues in "Safe injection" sites*. Retrieved January 21, 2023, from <https://www.chausa.org/docs/default-source/hceusa/assessing-the-ethical-issues-in-safe-injection-sites.pdf?sfvrsn=0>
19. Bozza, S., & Berger, J. (2020, February). *Safe injection sites: A moral reflection*. The Linacre quarterly. Retrieved January 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7016435/>
20. Meadows, C. (2021, July 7). *Safe injection sites fail the Medical Ethics 'Sniff Test'*. Our Sunday Visitor. Retrieved January 20, 2023, from <https://www.oursundayvisitor.com/safe-injection-sites-fail-the-medical-ethics-sniff-test/>
21. Bayles, M. D. (1978). The Price of Life. *Ethics*, 89(1), 20–34. <http://www.jstor.org/stable/2380129>