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**The Community Impact of Harm Reduction**

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# The Context: An Overdose Crisis in New York City



## Epi Data Brief

September 2023, No. 137

### Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2022

In 2022, 3,026 New Yorkers died of a drug overdose, a 12% increase from 2021 (2,696 deaths), and the highest number since reporting began in 2000. A combination of factors impact overdose risk, including social and structural conditions that affect overall health and well-being; access to quality healthcare, treatment, and services; the type of substances used; and, the setting of use. Mental health is also a driver of overdose risk; more information on the City's strategies to address New York City's (NYC) mental health and support people at risk of drug overdose can be found in [Care, Community, Action: A Mental Health Plan for NYC](#).

To support efforts to prevent overdose deaths and ensure the equitable distribution of resources, data including location of overdose and demographics of the decedent are tracked. This report presents provisional data on unintentional drug poisoning deaths in NYC in 2022, also referred to as overdose deaths or overdose mortality.

#### Key findings

- In 2022, there were 3,026 overdose deaths in NYC, compared with 2,696 in 2021, an increase of 12% (330 deaths).
- The rate of overdose death increased to 43.3 per 100,000 NYC residents in 2022, from 38.5 per 100,000 in 2021.
- Black New Yorkers had the highest rate of overdose death, and the largest absolute increase in rate from 2021 to 2022 (52.0 to 62.0 per 100,000 residents).
- As in prior years, adults ages 55 to 64 had the highest rate of overdose, followed by adults ages 45 to 54 (in 2022, 78.7 and 65.0 per 100,000 residents, respectively).
- Residents of the Bronx had the highest rate of overdose death in 2022 (73.6 per 100,000 residents), an increase from 2021 (70.1 per 100,000). Staten Island had the second highest rate at 38.0 per 100,000 residents, a steady rate compared with 2021 (37.9 per 100,000).
- Fentanyl was the most common substance involved, present in 81% of overdose deaths in 2022. Cocaine was present in 53% of overdose deaths.
- Approximately seven out of ten overdoses occurred in the decedent's or someone else's home.

**Definitions:** Unintentional drug poisoning (overdose) deaths exclude poisonings where the manner of death was classified as intentional (suicide or homicide) or undetermined. They are also referred to as "overdose deaths" or "overdose mortality."

Opioids include substances derived from opium, such as morphine or heroin, and synthetic drugs, such as methadone or fentanyl.

Opioid analgesics are commonly known as prescription pain relievers, such as oxycodone (Percocet®) and hydrocodone (Vicodin®). For this analysis, opioid analgesics exclude fentanyl and tramadol.

Fentanyl includes fentanyl and fentanyl analogs. Fentanyl analogs, such as beta-hydroxyfentanyl and acetyl fentanyl, are similar in chemical structure to fentanyl. Fentanyl can be one of two types: a synthetic opioid analgesic; pharmaceutically manufactured to manage severe pain or non-pharmaceutically manufactured.

Xylazine is a non-opioid veterinary sedative/tranquilizer drug.

Substances involved in overdose deaths describe only what has been identified during post-mortem toxicology testing and not how or why these substances were present. Findings are not mutually exclusive; percentages will not sum to 100%.

NYC's Chief Medical Examiner' has reported that in 2022 there were **over 3,000 overdose deaths**

**Fentanyl** is now present in **81%** of these overdose deaths

In New York City, rates of overdose death are the highest since reporting began in 2000  
Number and age-adjusted rate per 100,000 residents of unintentional drug poisoning (overdose) deaths, New York City, 2000 to 2022



Sources: NYC Office of Chief Medical Examiner and NYC DOHMH Bureau of Vital Statistics, 2000–2022. 2021 and 2022 data are provisional and subject to change.

# New York City's Overdose Death Rate

Per 100,000 Residents

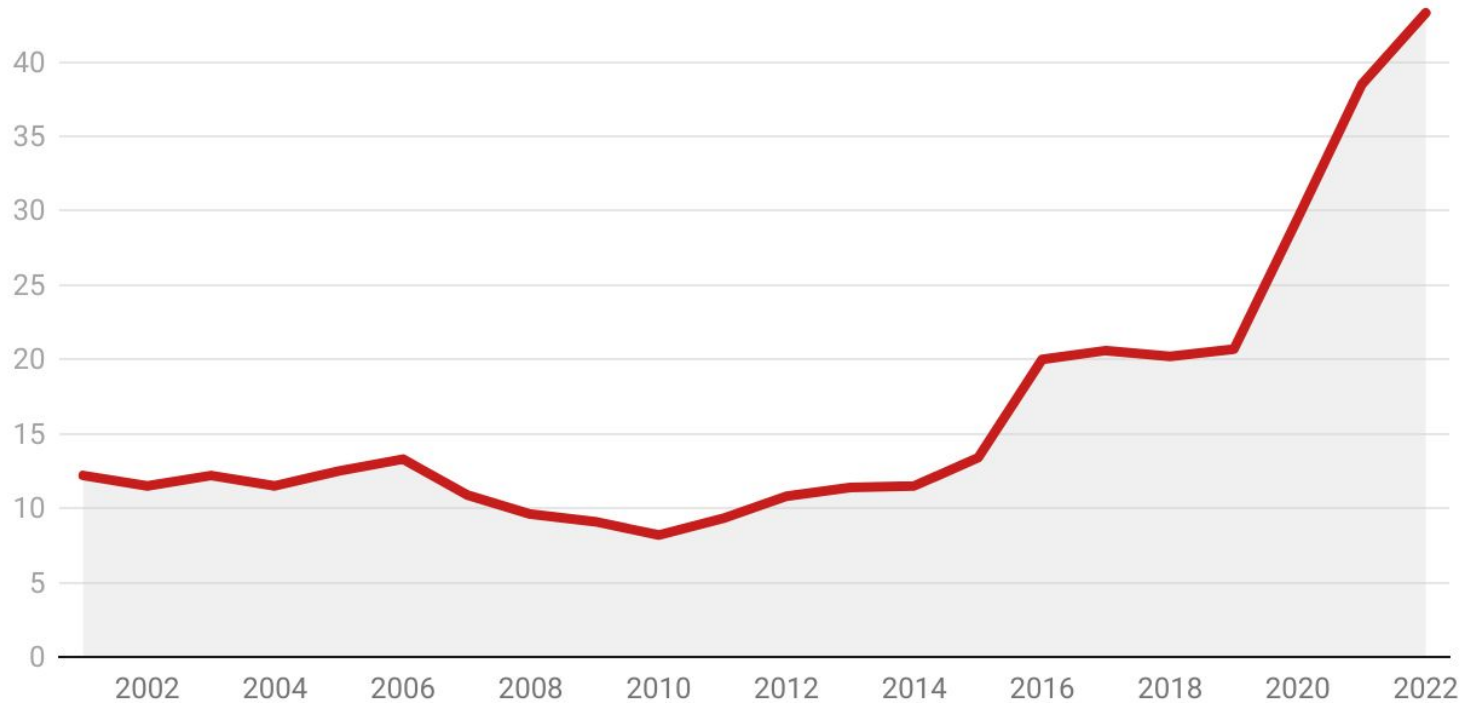
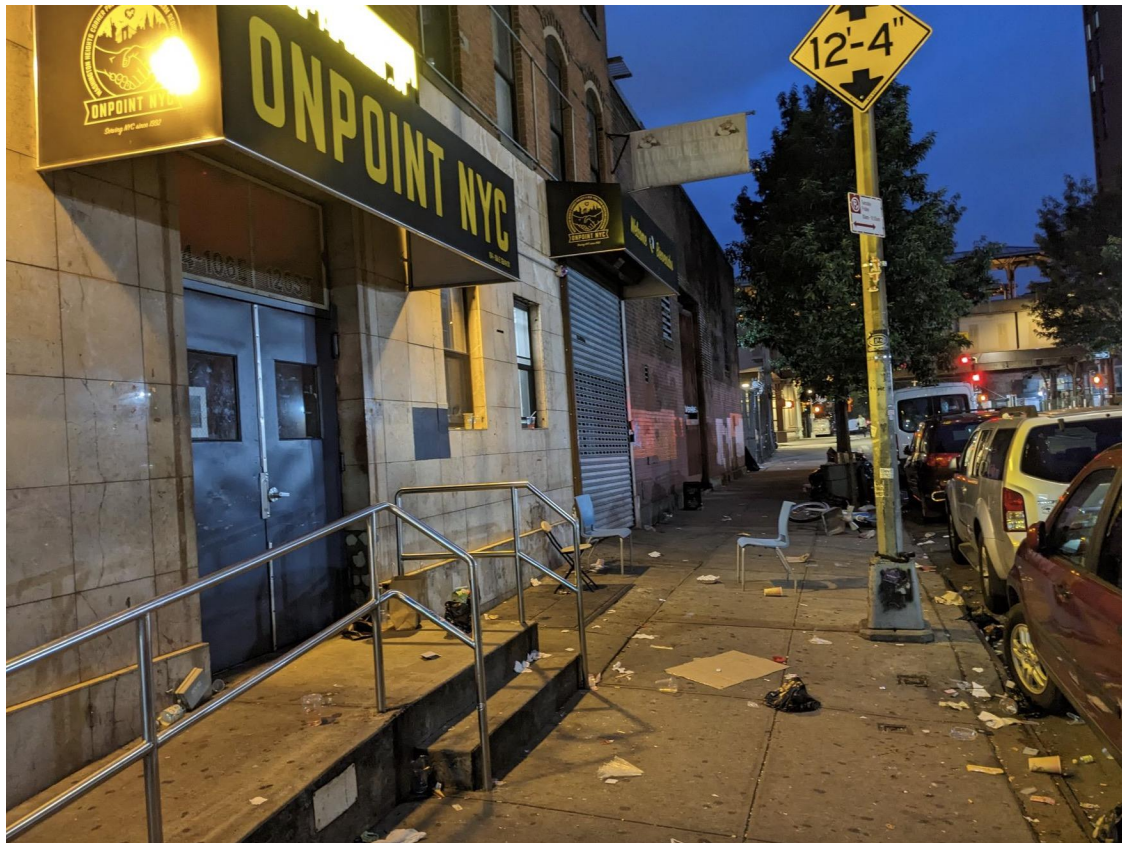


Chart: The Greater Harlem Coalition • Source: Bureau of Vital Statistics/Office of Chief Medical Examiner, New York City • Created with Datawrapper

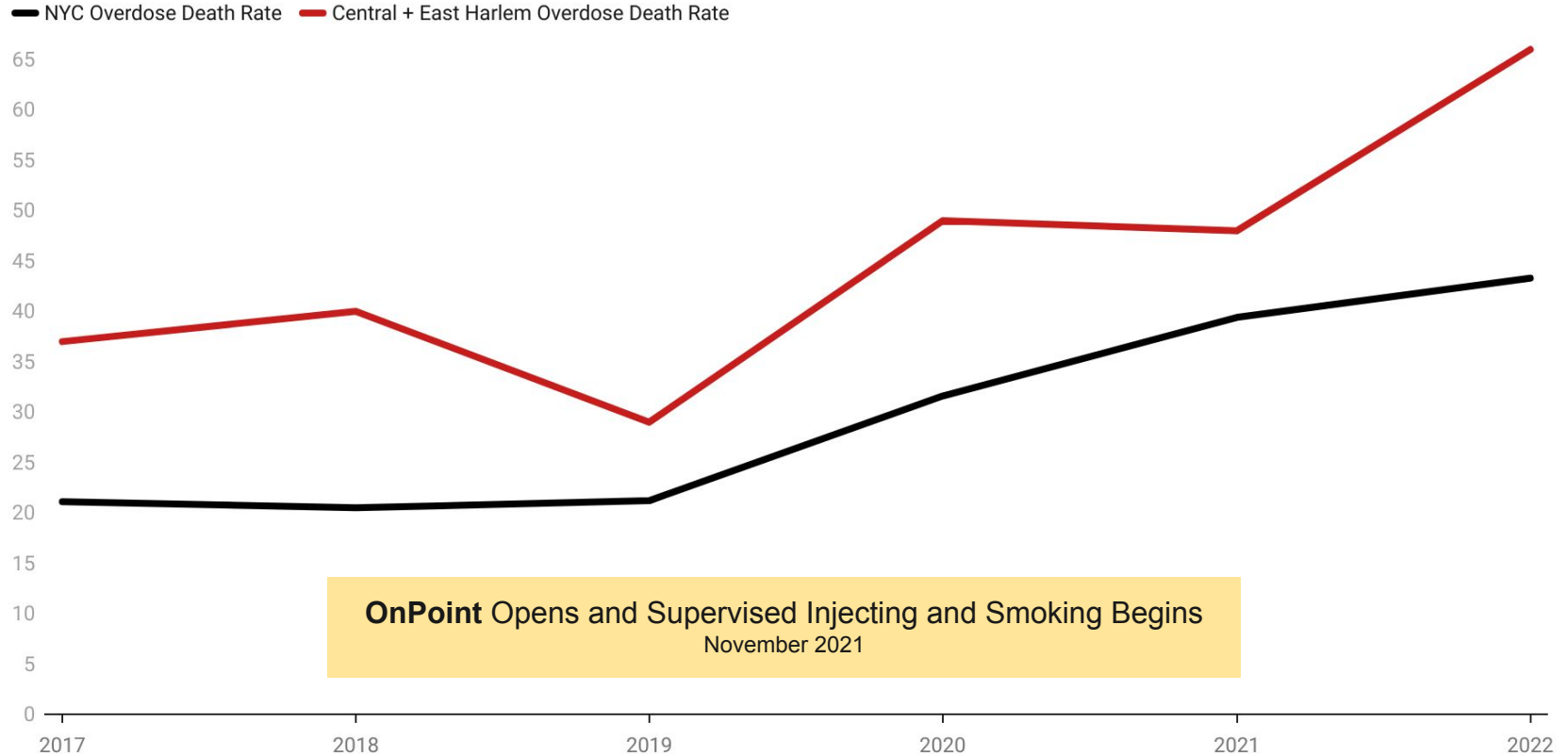
# The Impact of OnPoint on Our Community



# Overdose Deaths

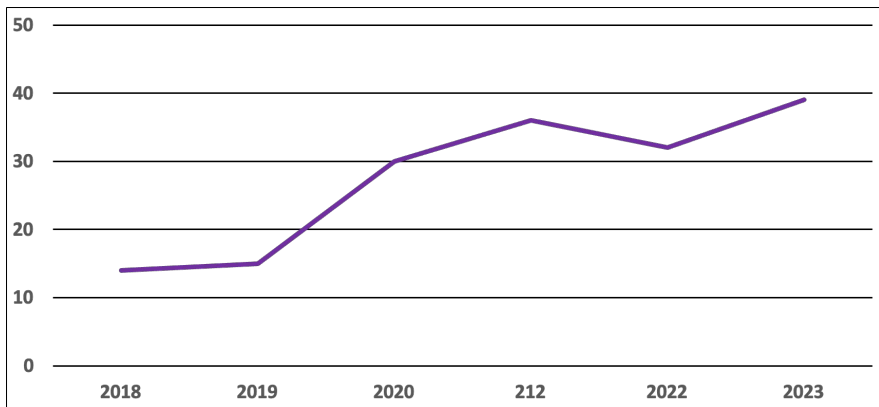
# Harlem's Overdose Death Rates Have Increased Since OnPoint Opened

(Overdose Death Rate per 100,000 residents)

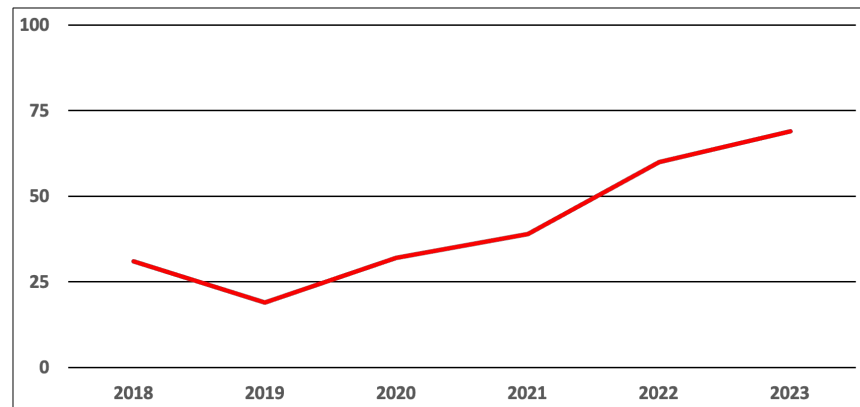


# The Early 2023 Data Continues to Show Overdose Deaths Increasing Near OnPoint

## Central Harlem Overdose Deaths




## East Harlem Overdose Deaths



**Crime**



Shining NYC since 1992  
**ONPOINT NYC**  
104-1068 12

Welcome  Bienvenidos

3996 25 PCT

COURTESY  
PROFESSIONALISM  
RESPECT

**NYPD**



POLICE

## Findings of the JAMA Overdose Prevention Centers, Crime, and Disorder in New York City Study

NYPD officers have reported privately that they have been ordered to tolerate illegal activity immediately adjacent to OnPoint. The Crime and Disorder study bolsters this by noting:

**“We similarly observed a 70.2% decrease in weapons arrests and a 74.5% decrease in drug arrests in the broader neighborhood around the OPCs.”**

While the NYPD were ordered to tolerate illegal activity, the community reported an explosion of drug dealing and using in the surrounding area:

**“Monthly 311 calls for drug activity rose 106.0% around the OPCs”**

**Before and After OnPoint Opened**

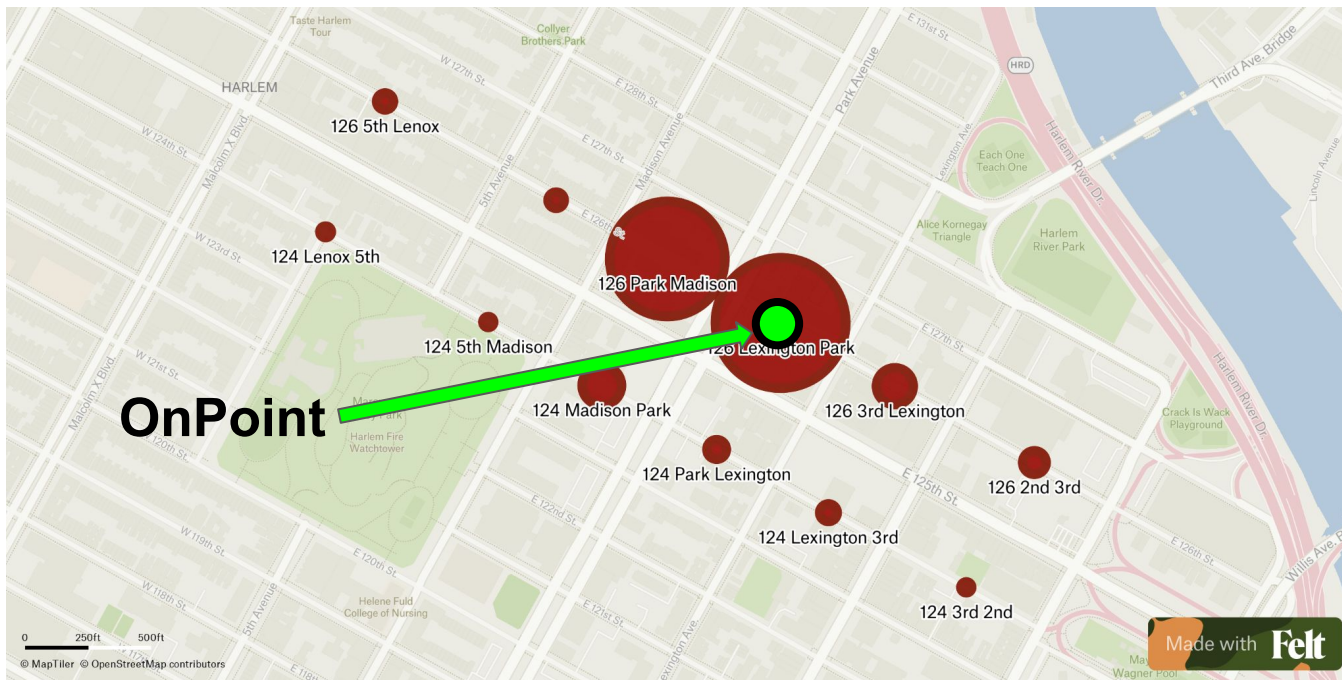




October, 2023

# Open-Air Drug Dealing and Using

# 85% of All Observed Open-Air Drug Use Occurred Within 1 Block of OnPoint



Circles represent count totals and locations of observed open-air drug use over the course of one week

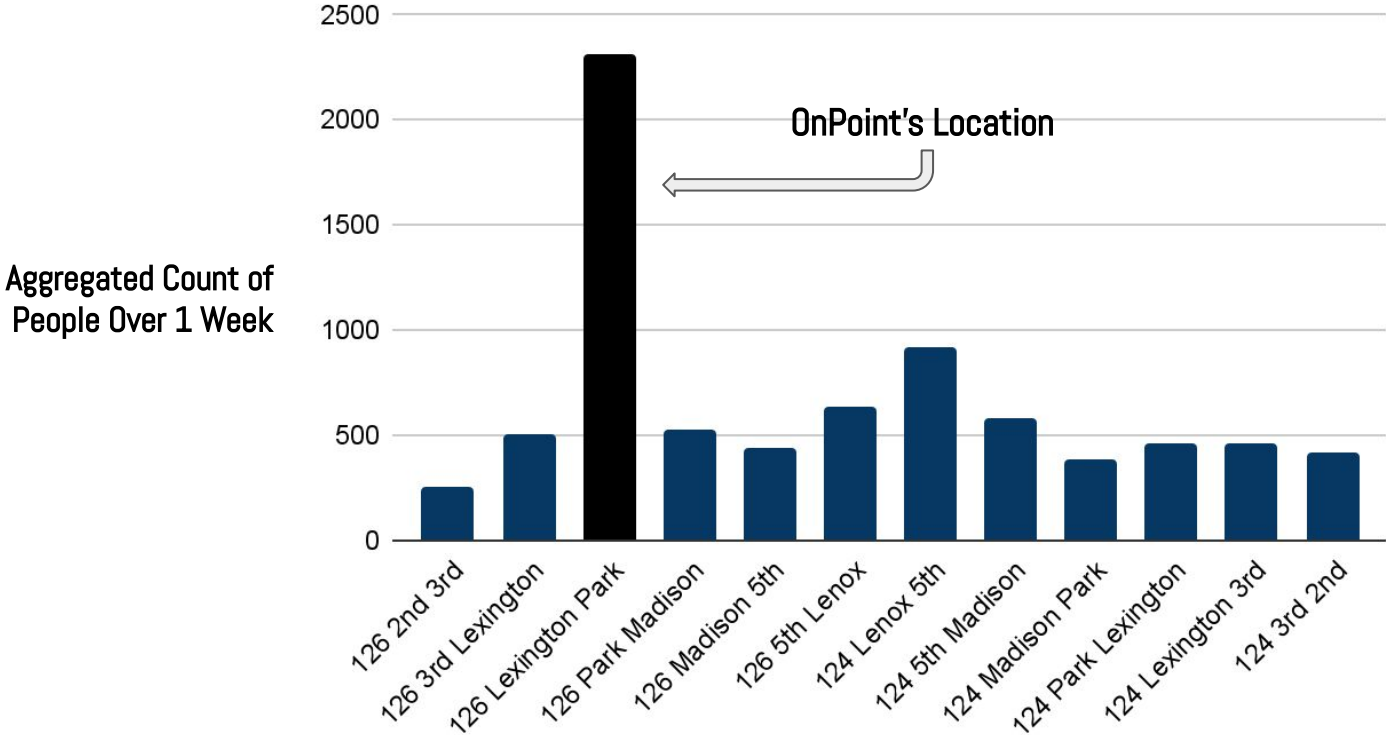
**Loitering**



October, 2023

# Total Weekly Count of Men Walking, Standing, or Lying on Public Sidewalks

July/August 2023



# Impact on Children and Families

Francesca Barreiro pulls down the hood on her child's stroller so that she doesn't see a man slumped over on the pavement

<https://www.dailymail.co.uk/news/article-12820613/Mom-kids-drugs-NYC-harlem-school-walk-video.html>



Every week, OnPoint is failing to convince or entice hundreds of drug users to use inside their facility

Supervised Injection Sites  
Set Up

Injection Site points to  
proximate drug activity and  
calls for increased funding,  
open hours, and locations

Dealers flock to sell to the  
concentrated market of users

Buyers from other  
neighborhoods follow the  
dealers but don't use the  
Injection Site

## 2 Years After Opening in Harlem

- The overdose rate has *increased* in Harlem and East Harlem since the opening of OnPoint
- OnPoint has led to a dramatic increase in open-air dealing
- Drug arrests are down because the NYPD has been told to tolerate drug sales, while the community has pleaded for assistance and made double the number of drug related calls for help

Email: [Info@GreaterHarlem.nyc](mailto:Info@GreaterHarlem.nyc) for more information

[GreaterHarlem.nyc](http://GreaterHarlem.nyc)

[The Data Behind This Presentation](#)

[Our Asks](#)

House Health & Human Services

03/06/2024 01:30 PM

HB24-1028 Overdose Prevention Centers

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Catherine Ordonez</p> <p>For</p> <p>American Civil Liberties Union of Colorado</p>	<p>The ACLU of Colorado supports House Bill 24-1028, which would finally clear the path for local municipalities to pilot life-saving Overdose Prevention Centers (OPCs). The ACLU of Colorado asks you to vote yes on HB24-1028.</p> <p>In Colorado, OPCs may prove to be one essential tool in a comprehensive plan to address the overdose crisis with evidence-based public health strategies. This tool is badly needed, as drug poisoning is now the #1 cause of death for Americans between the ages of 18 and 45, and 577 people in Denver died of a drug related death last year.</p> <p>It is important for legislators evaluating this policy to understand that HB24-1028 does not conflict with federal law, will not subject the State of Colorado to liability, and preserves flexibility for municipalities to create Overdose Prevention Centers that will not be subject to federal intervention.</p> <p>No conflict with federal law -- This bill only clears the way for municipalities to create overdose prevention centers if they choose to do so. No federal law conflicts with state legislation authorizing local control of OPCs.</p> <p>No state liability and preserves local control -- The State of Colorado bears no responsibility whatsoever for municipal decision-making about whether or how to create an OPC. Indeed, HB24-1028 wisely provides no mandates or guidance of any kind on an OPC, deferring entirely to an individual municipality to make those decisions and conduct its own risk assessments based on the nature of an OPC they may decide to pilot. This preserves local control across the state.</p> <p>Municipalities can pilot OPCs without prompting federal intervention -- The Biden Administration has consistently signaled it will not interfere with states' evidence-based harm reduction techniques. For example, two OPCs have been continuously operating in New York City with no federal intervention. The only case where there has been litigation was initiated by the Trump administration, is not binding in Colorado, and that OPC is currently in settlement talks with the federal government. The hands-off position of the Biden administration regarding OPCs has strong existing precedent, of course, in the federal government's longstanding position that it does not intervene regarding individual states' cannabis policies. For</p>

	<p>all these reasons, there is no reason to believe the current administration would interfere with a pilot of an OPC by a city in Colorado.</p> <p>The ACLU of Colorado asks you to vote yes on HB24-1028. Thank you.</p>
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**Bryon Adinoff, M.D.**

Adinoff Addiction Psychiatry, PLLC

Addiction Psychiatry Consultant

March 4, 2024

Re HB-1028 Overdose Prevention Center Authorization

House Health & Human Services Committee

Denver, Colorado 80203

Chair Daugherty and Committee Members:

My name is Bryon Adinoff. I am an addiction psychiatrist and Clinical Professor at CU Anschutz Medical Campus. I am here representing the Colorado Psychiatric Society and Doctors for Drug Policy Reform, both of whom support HB-1028.

Prior to moving to Colorado upon retirement from full-time academia in 2018, I was the Distinguished Professor of Alcohol and Drug Abuse Research at the University of Texas Southwestern Medical Center in Dallas and for over 30 years I was a physician in the Department of Veterans Affairs. I have published and spoken widely on the biological effects and treatment of addictive disorders and I am the Editor-in-Chief of *The American Journal of Drug and Alcohol Abuse*.

I applaud the committee's consideration of HB-1028. Deaths from drug overdose have claimed over one million lives since the opioid epidemic started in the 1990s, primarily from opioids. Death rates have only increased over the past few years, as the presence of fentanyl has entered the drug supply. In Denver alone, almost 600 lives were lost to drug overdose in 2023 – a 15% increase from the year prior. Almost all of these lives could have been saved if only medical assistance was quickly available. Overdose Prevention Centers provide such lifesaving care.

The first OPC started operating in Switzerland in the 1980's and since then the use of OPCs has greatly expanded. There are now close to 200 OPC locations operating in at least 15 countries across the globe. OPCs have been operating underground in the U.S. for over five years and legal OPCs have been operating in New York City since 2021.

Some have expressed concern that the presence of OPCs will encourage drug use. That has proven not to be true. In fact, over my four-decade career as an addiction psychiatrist, I have heard the same concerns voiced regarding methadone and buprenorphine (opioid agonists that are now our mainstay for the treatment of opioid use disorder), needle exchange (which has been proven to dramatically decrease rates of hepatitis and HIV/AIDS in persons who use intravenous drugs), and Narcan/naloxone (which rapidly reverses the effects of opioids). *All harm reduction techniques, including OPCs, are part of our continuum of care and offer a path to recovery. These approaches do not enable drug use. Rather, they allow the drug user to avoid many of the serious consequences of their use until they are ready to seek treatment and ultimately lead a healthy and productive life.*

In fact, a wealth of literature now demonstrates that OPCs successfully manage overdoses (there have been no reported deaths in OPCs); increase access to drug treatment; reduce public disorder and public drug use and increases public safety; realize cost savings from reduced disease, overdoses, and need for emergency medical services; increase preventive healthcare and drug treatment utilization; and do not

increase drug-related crimes. Because of these highly successful outcomes, both the American Medical Association and American Society of Addiction Medicine support Overdose Prevention Centers.

Last year I spent five days in Vienna attending the UN 66<sup>th</sup> Commission on Narcotic Drugs (CND), the commission that has oversight over the substances under international control under the International Drug Control Conventions. I was pleasantly surprised to hear the CND Chair and CND Executive Director speak of the enormous financial and personal cost of drug prohibition – yet noting that every year the supply of drugs has increased. Volker Türk, the High Commissioner of the UN Office of Human Rights stated “It is clear to many that the so-called War on Drugs is not working and a number of countries have led the way forward. We must continue this progress in all regions of the world order and stop this so-called War on Drugs. Instead, let us focus on transformative change, crafting drug policy based on evidence which puts human rights at the center...and ultimately will improve the lives for the millions of individuals effected.”

Denver has already approved the use of Overdose Prevention Sites. HB-1028 simply requires the state to approve the local control necessary for Denver (or any other city) to implement this program. Consistent with the concept of local control, no city is required to allow an OPC if they choose not to.

Thank you for your time and your consideration of this life-saving bill.

Sincerely,

Bryon Adinoff, MD  
 President, Doctors for Drug Policy Reform  
 (817) 371-9798 (m) | [D4DPR.org](http://D4DPR.org) | [adinoff@d4dpr.org](mailto:adinoff@d4dpr.org)  
 712 H Street NE, Suite 1290, Washington, DC 20002

### **Additional References:**

Overdose Prevention Centers, Crime, and Disorder in New York City. JAMA 2023

Colorado Criminal Justice Reform Coalition: Fentanyl in Colorado - Overview and recommendations for addressing the overdose crisis

IDPC Briefing Paper - Drug Consumption Rooms: Evidence and Practice

There has been a secret underground overdose prevention site in the United States for five years. New information was released that crime decreased in that area.

The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime

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## **Saving Lives: The Urgent Need for Overdose Prevention Centers**

Representative Lindsey Daugherty, Chair

Representative Mary Young, Vice-Chair

Committee on Health & Human Services

I am Surya Verma, a Master of Public Health Student at the University of Colorado Anschutz Medical Campus. I support the proposed Bill HB24-1028 Overdose Prevention Center - Concerning the authorization for a municipality to allow for the operation of an overdose prevention center within its jurisdiction. When I stayed by the Jackson Park Hospital in Stony Island, Chicago, I would take the J14 Jeffery Jump bus route to Downtown Chicago every day. But across the street from the bus stop, I saw a drug deal happening by the side of the building of a Drug Rehab Center. That incident didn't directly impact me, but it did have a long-lasting impression on the use of drugs, especially opioids. Also, now the news frequently reports about the ongoing opioid crisis that is ravaging the nation especially the state of Colorado which has put a worry in me that maybe an opioid user will try to rob me to get the money he/ she needs to get their next high. Over time, I understood the value of rehab clinics and the massive effort it takes to help opioid abusers. That is why I believe Overdose Prevention Centers (OPC) are vital to helping this population, drug abusers, from not only overdosing but to provide a safe place to use the drugs in a controlled manner.

Although, I understand the argument that opponents have against the bill stating that Overdose Prevention Centers promotes the usage of drugs because it provides a safe - haven and nonjudgemental environment to get high. But the facts state that according to a study was done in Vancouver's Insite that showed a "35 percent population-level decrease in the fatal overdose rate within a 500-meter radius perimeter around the Insite facility, compared to a 9 percent decrease in the rest of the city." (3) Then US investigators generated models to project the effect of having an OPC in New York City, which showed a decrease of 19- 37 opioid fatalities per year which translates to a 6-12 percent decrease in opioid mortality for that area. (3)

OPCs are only one part of the fight against eradicating opioid overdoses across the country. Still, they have been factually proven to help the target population and the area's population overall. Europe has had OPCs for decades and has shown no increase in drug use or crime. (3) Even more surprising is that the first officially recognized OPC in the USA was set up in New York City as recently as November 30, 2021. The NYC OnPoint Overdose Prevention Center opened in East Harlem and Washington Heights. According to the NYC Health Department, opening four other drug overdose prevention centers will save 130 lives and \$7 million in "direct healthcare costs." (4)

There have been cohort and modeling studies that have shown that OPCs lead to 67 percent fewer ambulance calls for treating overdoses and HIV infections because staff at these centers are already trained to detect and respond to drug overdoses by using several harm reduction strategies. (1) The primary prevention measure is potentially the most important; it increases access to substance abuse services without an increase in crime.

Two more factors that could deter opioid substance users are social rejection and police arrest. (3) But by having nonjudgemental and understanding employees it helps drug abusers feel comfortable to come out of the dark and lonely locations to a place where they know they can get help in case an overdose happens, or they need to get sterile needles that they would not be able to obtain if 'using' on the streets. According to reports (3) the average HIV infection costs \$200,000 to treat. Therefore, if 22-35 infections per year are decreased, that could save millions of dollars allocated elsewhere for the public good. Another big issue regarding the opioid abuse crisis is mixing fentanyl with opioid. So, drug checking and using fentanyl test strips at OPCs by trained professionals could save countless more lives because even a tiny amount of fentanyl in the bloodstream could be enough to kill an abuser.

OPCs have been found to have incredible health benefits and outcomes, a combination of many interventions. Firstly, being that either at baseline or being in contact with a drug addiction center counselor proved to stop injection for at least the next six months. (3) The ability to talk to someone regarding their addiction problems such as a counselor can help solve the root cause of the problem. Those root causes involve that they want to feel good, stop feeling bad, perform better especially opioid addicts want the high because they want to be relieved of physical or emotional pain many of the times. (2) Having someone to talk to can ease the constant pain, suffering, and compulsive need to get high every time just to feel good about oneself especially if the OPC accepts Medicaid which can make things affordable for the patient which can also help fix the mental health issues to go on a path of recovery.

Another big issue regarding health outcomes is the issue of syringes. When opioid abusers are in hard-to-find locations with their peers they are more likely to use the same syringes to 'shoot up' which could lead to a specific set of infections. The most common infection is Staph Aures infection, which can infect the heart's tricuspid valve, causing a disease known as Infective Endocarditis. The other most common IV drug causing infections are *Streptococcus pneumoniae*, Hemophilus Influenza, and Klebsiella pneumoniae. But when the users are in OPCs using the sterile syringes the likelihood of getting infections drops because, (3) they are 70 percent less likely to use dirty syringes.

Looking at all this proven research confirms the fact that authorizing this municipality in the state of Colorado to allow for the operation of an overdose prevention center within its jurisdiction would be beneficial not only for the social and economic impact and the effect on crime, but most importantly for the drug users who are trying to find a better path to using substances. From the safety of the spread of infections, mental health and well-being OPCs could be a big turnaround point for a system that has been proven to show promise in Europe

for decades and in some cities across the USA for some years. It will make it easier for trained professionals to do their jobs while also feeling safe being in a facility that provides them with the tools needed to monitor drug usage safely and securely. Being able to inject naloxone to a drug user at a moment's notice can prevent another tragic loss of life and help mitigate this devastating opioid epidemic that has consumed this nation. Therefore, as a citizen of Colorado, I implore you to pass Bill HB24 – 1028 to help save and rejuvenate lives across our beautiful state.

Bibliography:

1. National Institute on Drug Abuse: August 2023

<https://nida.nih.gov/research-topics/overdose-prevention-centers>

2. The science of drug use: A resource for the justice sector U.S. Department of Health and Human Services; 2023 Available from: <https://nida.nih.gov/research-topics/criminal-justice/science-drug-use-resource-justice-sector>

3. U.S. Department of Health and Human Services; 2024, National Institutes of Health, National Institute on Drug Abuse Overdose Prevention Centers

<https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

4. New York City – Overdose Prevention Center:

<https://www.nyc.gov:443/assets/doh/downloads/pdf/basas/overdose-prevention-centers-faq.pdf>

## **Overdose Prevention Centers The Right Solution to OD-fatalities**

Representative Lindsey Daugherty, Chair  
Representative Mary Young, Vice-Chair  
Committee on Health & Human Services

I am Uriel Gastelum, a graduate student at the Colorado School of Public Health, and I am for House Bill 24-1028. Authorizing municipalities to use harm reduction strategies in the form of Overdose Prevention Centers (OPCs) will positively impact its neighboring communities and the state of Colorado.

House Bill 24-1028 was introduced on January 10, 2024, intending to authorize OPCs within Colorado's municipalities. According to a report by the National Institutes of Health (NIH) in 2021, over 800,000 drug overdose deaths in the U.S. over the past two decades have been attributed to overusing opioids, heroin, and fentanyl. In Colorado, overdose fatalities have recently increased by 38% despite most being preventable (4). This increase in preventable fatalities has devastating impacts on communities, families, and individuals.

Overdose fatalities do not only fall on the individual passing but rather think of the spiral effects impacting others. The ongoing use of opioids and injection drugs has deadly consequences and increases communicable diseases like blood-borne infections and skin and soft tissue infections. Infections like hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) place others at high risk of this infectious disease. Many of those who suffer do not partake in the drug use. For example, altercations with one who is infected can result in the transmission of bloodborne pathogens. Occupations such as police officers, firefighters, researchers, and anyone required to provide first aid during their regular duties are also at risk. It's staggering to know that every day, at least five Coloradans die from a drug overdose, and more so, knowing that an OPC can aid in preventing these tragedies (4).

There are many causes and contributing factors to overdose fatalities, but studies show disparities among the population passing. For example, a surge in stimulant-involved death rates has been attributed to an ample supply of methamphetamine, stimulants and opioids combination, and fentanyl in other drugs. In recent data presented by the Centers for Disease Control and Prevention (CDC), cocaine usage among black and white individuals does not show drastic differences; however, the overdose death rate among black persons is twice as much compared to white persons (2). Disparities among ethnic groups will continue unless we increase access to evidence-based overdose prevention and treatment efforts for all.

OPCs are an evidence-based harm-reduction intervention that had not previously been used in the U.S. until a couple of years ago, in December 2021. However, that

does not mean they were not in existence before adopting a U.S. pilot program in New York City. The first OPC was opened in Switzerland in June 1986, and as of today, there are more than 120 OPCs in 10 countries across Europe, Australia, and Canada (8). A study by the Insite group conducted a comprehensive evaluation involving a large cohort of participants between March 10, 2004, and April 30, 2005. The table below showcases the benefits of OPCs and their power to assist individuals with drug addictions (5).

**Table 1.** Referrals made from the OPC stratified by quarter<sup>76</sup>

Referral programs	2004			2005
	Second quarter	Third quarter	Fourth quarter	First quarter
1. Addiction counselling	121 (28%)	126 (33%)	251 (45%)	314 (39%)
2. Community clinics	97 (22%)	53 (14%)	77 (14%)	108 (14%)
3. Hospital emergency	62 (14%)	42 (11%)	60 (11%)	68 (9%)
4. Detoxification bed	56 (13%)	58 (15%)	52 (10%)	71 (9%)
5. Community services	41 (10%)	36 (9%)	32 (6%)	99 (13%)
6. Housing	27 (6%)	36 (10%)	44 (8%)	101 (12%)
7. Methadone	13 (3%)	16 (4%)	24 (4%)	31 (4%)
8. Recovery house	17 (4%)	12 (3%)	14 (3%)	9 (1%)
Total	434	379	554	804

As the table demonstrates, more than 800 referrals were made, and roughly 40% were for various addiction treatment forms. Not only are these centers a life-saving program for the individual, but studies have also demonstrated benefits to the surrounding neighborhoods. For example, OPCs have been associated with reduced public drug consumption, litter of drug consumption equipment, and crime (8).

Although the initial benefits point to surrounding neighborhoods, primary OPC usage has demonstrated the cost-effectiveness of investments. A study found Vancouver's OPC associated with a net saving of almost \$14 million and 920 life-years gained over ten years (8). Further analysis determined that the site prevented 35 new cases of HIV in a year. As of 2020, the Colorado Department of Public Health and Environment notes that there has been an increase in both the number and the rate of new HIV cases, with over 15,000 people living with HIV as of 2020 in Colorado (3). Prevention centers provide benefits to surrounding communities and the state as a whole. The cost-effectiveness of these centers cannot go unnoticed.

OPCs can be beneficial for overly exerted healthcare workers dealing with the influx of patients contracting bloodborne pathogens or reacting to an overdose. Other stakeholders benefit from such programs from surrounding community residents and the local government. The cost-effectiveness of this program can help reallocate funding to other much-needed programs and services. Harm reduction strategies to reduce overdose deaths have been around for decades, but using OPCs adds an element to reduction. People who use these centers can be provided harm reduction services, basic needs like food or housing, medical services, and addiction treatment (8).

In closing, this bill under consideration will be a win for the health and well-being of everyone involved. I'm for HB24-1028, Overdose Prevention Center Authorization, and I hope others see the valuable impact OPCs have for those in need and its neighboring communities. These centers will succeed with the Colorado Department of Public Health & Environment oversight. However, I believe continued studies will be required to ensure program success in the future.

## References

1. Assistant Secretary for Public Affairs (ASPA). Together, we can save lives [Internet]. Overdose Prevention Strategy. 2022. Available from: <https://www.hhs.gov/overdose-prevention/>
2. Cocaine and psychostimulant-involved overdose deaths disproportionately affect racial and ethnic minority groups [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2021. Available from: <https://www.cdc.gov/drugoverdose/featured-topics/psychostimulant-cocaine-race-ethnic-minorities.html>
3. Colorado Department of Public Health and Environment. HIV in Colorado: 2020 [Internet]. Workbook: HIV in Colorado. Available from: [https://cohealthviz.dphe.state.co.us/t/STIHIVViralHepatitisPublic/views/HIVinColorado/PublicFacing?%3AshowAppBanner=false&%3Adisplay\\_count=n&%3AshowVizHome=n&%3Aorigin=viz\\_share\\_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y](https://cohealthviz.dphe.state.co.us/t/STIHIVViralHepatitisPublic/views/HIVinColorado/PublicFacing?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y)
4. Harm reduction grant fund HB 22-1326 expansion - RFA #41043 [Internet]. Department of Public Health & Environment. Available from: <https://cdphe.colorado.gov/overdose-prevention/RFA41043>
5. National Institute of Health, Centers for Disease Control and Prevention, Health and Human Services. NIH RTC Overdose Prevention Centers [Internet]. Available from: <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>
6. Overdose Prevention Centers, HB24-1028, 74<sup>th</sup> Colorado General Assembly, 2<sup>nd</sup> Sess. (2024)
7. Overdose prevention centers [Internet]. Drug Policy Alliance. Available from: <https://drugpolicy.org/issues/supervised-consumption-services>
8. Samuels EA, Bailer DA, Yolken A. Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. *JAMA Netw Open*. 2022;5(7):e2222153. Epub 20220701. doi: 10.1001/jamanetworkopen.2022.22153. PubMed PMID: 35838675.

My name is Rica Rodriguez-Hernandez founder and Executive Director at Promotores De Esperanza and I live in Commerce City but provide harm reduction and overdose awareness and aftercare service state wide within Colorado.

- I am writing to ask you to please support critical legislation this year that will prevent our friends, family and neighbors in Colorado from continuing to die needlessly of drug overdose.
- Colorado must make a break from the past and implement programs that are proven to work. The harm reduction model is the way forward out of our current crisis. This year, instead of criminalizing people, let's keep them from dying by addressing one of the deadliest problems: people using drugs alone. **Let's implement Overdose Prevention Centers (OPCs).**
- People will use drugs regardless of how harshly they are criminalized for it. Instead of punishing them, which doesn't work, we can keep them alive as the street drug supply becomes increasingly unpredictable and dangerous. Overdose Prevention Centers (OPCs) do one critical thing really well: they stop people from using alone. That simple intervention could save countless Coloradans from dying of overdose.
- The stakes could not be higher — death due to drug overdose in our country is one of the leading causes of death for people under the age of 50. It is one of the key factors driving U.S. life expectancy to its lowest level in 25 years. We urgently need solutions. Fortunately, an easy and practical solution already exists!
- Overdose Prevention Centers (OPCs) are not a radical idea — they have been implemented successfully around the world. Colorado communities that want to implement these life-saving centers should have the right to do so.
- OPCs are legally sanctioned spaces that allow people who already use drugs to do so safely, under the supervision of trained staff, with access to sterile equipment as well as tools to check their supply to determine what's in their (self-supplied) drugs.
- No one has ever died of an overdose while utilizing an OPC. Despite fears that OPCs are somehow “enabling” or encourage more drug use, studies show that

people are helped into treatment and medical care at much higher rates. Despite fears that they will negatively impact surrounding neighborhoods, OPCs have improved neighborhoods by reducing overdose deaths, reducing public drug use, reducing syringe / paraphernalia litter, and saving cities money on disease prevention and emergency medical services.

- OPCs are a proven public health intervention to prevent overdose deaths, and even the American Medical Association recommends that communities implement these sites to reduce harms associated with drug use, connect more people to services including treatment, recovery, and prevent more people from dying needlessly of overdose. We cannot support people in finding recovery if they are not alive.
- **Please vote YES on HB24-1028.** OPCs are a practical, safe, evidence-based approach to prevent deaths from overdose. The communities in Colorado who want these centers should be allowed to follow the science and institute them should they choose. I hope you will support OPCs and allow local control over what works to save lives. .
- Every overdose death in Colorado — an average of 5 deaths per day and rising — is a policy choice. We need to stop making the same bad choices, and start doing what's been proven to keep people alive. **Please vote YES on HB24-1028**, and champion OPCs in the Colorado legislature this year. I appreciate your time and respectfully ask that you wear your harm reduction lenses when voting Yes on HB24-1028

Thank you kindly!

Sincerely,  
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