

Dear Senator Beebe-Center, Representative Salisbury, and Members of the Joint Standing Committee on Criminal Justice and Public Safety,

My name is Michael Beck, a resident from Bangor. I am writing to express my strong support for Maine LD1364, which proposes the establishment of safe consumption sites to address the ongoing opioid overdose crisis. It is no secret that the state of Maine has been hit particularly hard by the opioid epidemic, with overdose deaths continuing to rise in recent years. Like so many places across the state, we are grappling with this crisis here in Bangor.¹

Safe consumption sites are a proven harm reduction strategy that has been successful in other parts of the world, such as Canada and Europe. These sites provide a safe and supervised environment for individuals to use drugs, reducing the risk of overdose and other health complications. They also connect individuals to healthcare and social services, including drug treatment programs, HIV and hepatitis C testing, and mental health support.

The benefits of safe consumption sites are numerous. They not only reduce the harm associated with drug use, but also promote public health and safety by reducing the number of drug-related overdoses and infections. Moreover, safe consumption sites can help alleviate the strain on emergency medical services and hospitals, which are often overwhelmed by the number of overdose cases they receive.

I want to draw your attention to the extensive research and scientific evidence in favor of safe consumption sites. The Drug Policy Alliance² has compiled a comprehensive bibliography with over 40 studies cited that support the positive impact of these sites. The evidence shows that safe consumption sites reduce drug-related harm and improve health outcomes for individuals who use drugs, without increasing drug use or crime in the surrounding community.

In assessing the effectiveness and public health impact of LD1364, it is important to consider this substantial body of research. By establishing safe consumption sites in Maine, we have an opportunity to save lives and help those who are struggling with addiction to access the support and resources they need to recover and lead healthy, fulfilling lives.

I urge you to support LD1364 and the establishment of safe consumption sites in Maine. This is a crucial step in addressing the opioid overdose crisis and promoting the health and well-being of all individuals in our community. Thank you for your time and consideration.

Sincerely,
Michael Beck
Bangor

¹ Bangor has had more suspected drug overdoses than Portland and Lewiston, Bangor Daily News, June 24, 2022
<https://www.bangordailynews.com/2022/06/24/news/bangor/bangor-drug-overdoses-numbers-joam40zk0w/>

² Drug Policy Alliance website: <https://drugpolicy.org/>

Overdose Prevention Centers/Supervised Consumption Sites Bibliography 2020-Summer 2022
Expanded upon the 2018-2020 [SCS Bibliography](#)

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Health-Related Outcomes (Overdose Prevention, Harm Reduction, Assisted Injection)

Brooks, Hannah L, Cassandra Husband, MarliSS Taylor, Arthur Sherren, and Elaine Hyshka. 2020. "Supporting the Full Participation of People Who Use Drugs in Policy Fora: Provision of a Temporary, Conference-Based Overdose Prevention Site." *International Journal of Drug Policy* 84 (October): 102878. <https://doi.org/10.1016/j.drugpo.2020.102878>.

This paper was about the implementation of a temporary overdose prevention site (OPS) at a 2018 National Drug Policy Conference in Canada, painting a picture of how the space was used. 17 people visited the site 29 times during the OPS' 3-day duration, with an average of 10 visits per day. People consumed drugs in 26 (90%) of the visits, and when people did not come to consume drugs, they picked up consumption supplies. There were no overdoses recorded in the OPS.

Harocopos Alex, Brent E. Gibson, Nilova Sahal, Michael T. McRae, Kailin See, Sam Rivera, and Dave A. Chokshi. "First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US." *JAMA Network Open* 5 (2022):e2222149. doi:10.1001/jamanetworkopen.2022.2214

Between November 30, 2021, and January 31, 2022, at OnePoint NYC, "613 individuals used [overdose prevention center (OPCs)] services 5975 times across 2 sites. Most individuals identified as male (78.0%), and 55.3% identified as Hispanic, Latino, or Latina. The mean (range) age was 42.5 (18-71) years... In self-reported data, the drug most commonly used across 2 sites was heroin or fentanyl (73.7%) and the most frequent route of drug administration at the OPC was injection (65.0%)... More than half of individuals using OPC services (52.5%) received additional support during their visit. This included, but was not limited to naloxone distribution, counseling, hepatitis C testing, medical care, and holistic services (eg, auricular acupuncture)." No fatal overdoses occurred on site or among patients who were transported to hospitals.

Kennedy, Mary Clare, Kanna Hayashi, M.-J. Milloy, Miranda Compton, and Thomas Kerr. 2022. "Health Impacts of a Scale-up of Supervised Injection Services in a Canadian Setting: An Interrupted Time Series Analysis." *Addiction (Abingdon, England)* 117 (4): 986–97. <https://doi.org/10.1111/add.15717>.

When overdose prevention sites (OPS) expand, communities more frequently use supervised injection sites (SIS) and participate in addiction treatment. At the same time, public injection and syringe sharing decrease.

Khair, Shahreen, Cathy A. Eastwood, Mingshan Lu, and Jennifer Jackson. 2022. "Supervised Consumption Site Enables Cost Savings by Avoiding Emergency Services: A Cost Analysis Study." *Harm Reduction Journal* 19 (1): 32. <https://doi.org/10.1186/s12954-022-00609-5>.

In this study of an SCS, researchers found that, between 2017-2020, 10% of its clients were not coming to use drugs. This underscores how communities rely on SCS for resources, care, and referrals, beyond just consumption. The number of people who frequent the SCS has increased, but the need for ambulance responses to overdoses have decreased. In fact, the site handles 98% of overdoses, and in 2019, they managed 698 without relying on emergency services.

"Each overdose that is managed at the SCS produced a benefit of \$1622 for January 2020. The benefit of averting the cost of ambulance and emergency department care ranges between \$39,739 and \$74,612 per month, from November 2017 to January 2020... Overall, there were \$2,364,876 cost savings produced from the overdoses that were managed at the SCS site, by avoiding the need for ambulance and emergency department services, over the life of the program to date. These costs use the minimum billing fee for the payer and exclude overdose-related hospitalization costs and, thus, likely underestimate total costs saved."

Kolla, Gillian, Kathleen S. Kenny, Molly Bannerman, Nick Boyce, Leigh Chapman, Zoë Dodd, Jen Ko, and Sarah Ovens. 2020. "Help Me Fix: The Provision of Injection Assistance at an Unsanctioned Overdose Prevention Site in Toronto, Canada." *International Journal of Drug Policy* 76 (February): 102617. <https://doi.org/10.1016/j.drugpo.2019.102617>.

This study analyzes injection assistance at an SCS. They found that "receiving assistance to inject is relatively common, and occurred during 8.3% of visits to the site." This practice is traditionally believed to be dangerous: previous research found that people who received injection assistance had higher overdose rates in non-supervised settings. However, this study found no association between assisted injection and overdoses at an SCS.

SCSs that ban injection assistance do not stop people who inject drugs (PWID) from the practice; the bans just move the behavior back onto streets and out of SCSs. SCSs are staffed with trained personnel to reverse overdoses, making them the safest place to engage in the practice. Banning injection assistance, leaving the practice unsupervised, may disproportionately impact women. Women are "more likely to receive assistance injecting at the SCS, and that they had 2.23 times the odds of overdosing when receiving injection assistance." There is not a similar association between injection assistance and overdoses among men.

Lambdin, Barrot H., Peter J. Davidson, Erica N. Browne, Leslie W. Suen, Lynn D. Wenger, and Alex H. Kral. 2022. "Reduced Emergency Department Visits and Hospitalisation with Use of an Unsanctioned Safe Consumption Site for Injection Drug Use in the United States." *Journal of General Internal Medicine*, January, 1–8. <https://doi.org/10.1007/s11606-021-07312-4>.

"People using the SCS were 27% less likely to visit the emergency department, had 54% fewer emergency department visits, were 32% less likely to be hospitalized, and spent 50% fewer nights in hospital."

Levensgood, Timothy W., Grace H. Yoon, Melissa J. Davoust, Shannon N. Ogden, Brandon D. L. Marshall, Sean R. Cahill, and Angela R. Bazzi. "Supervised Injection Facilities as Harm Reduction: A Systematic Review." *American Journal of Preventive Medicine* 61, no. 5 (2021): 738-749.

This paper reviewed 22 studies about the impacts of SCSs on health and community outcomes, like overdose and crime rates. It found that "The strongest evidence suggests that SIFs may help reduce overdose morbidity and mortality and improve access to addiction treatment. An increase in crime, an often-cited concern of SIF opponents, was not observed to be associated with SIFs in most included studies, and crime was actually found to decrease in 2 studies."

Olding, Michelle, Andrew Ivsins, Samara Mayer, Alex Betsos, Jade Boyd, Christy Sutherland, Coco Culbertson, Thomas Kerr, and Ryan McNeil. 2020. "A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada." *American Journal of Public Health* 110 (6): 833–35. <https://doi.org/10.2105/AJPH.2020.305612>.

"From September 2017 to August 2019, there were 128,944 visits to the Overdose Prevention Site, and staff responded to and reversed 770 overdoses. No overdose deaths occurred on-site."

Panagiotoglou, Dimitra. 2022. "Evaluating the Population-Level Effects of Overdose Prevention Sites and Supervised Consumption Sites in British Columbia, Canada: Controlled Interrupted Time Series." *PLOS ONE* 17 (3): e0265665. <https://doi.org/10.1371/journal.pone.0265665>.

When analyzing an SCS in Canada, researchers found "an absolute difference of 6.19 fewer paramedic attended events per 100,000 (23.5% relative decrease) by twelve months post-implementation compared with expected rates." Similarly, there were "11.11 fewer emergency department visits per 100,000 (39.0% relative decrease) than expected at twelve months post-implementation."

Roux, P, M Jauffret-Roustide, C Donadille, L Briand Madrid, C Denis, I Célérier, C Chauvin, et al. 2022. "Impact of Drug Consumption Rooms on Non-Fatal Overdoses, Abscesses and Emergency Department Visits in People Who Inject Drugs in France: Results from the COSINUS Cohort." *International Journal of Epidemiology*, June, dyac120. <https://doi.org/10.1093/ije/dyac120>.

Drug consumption rooms (DCRs) minimize skin and soft tissue infections among PWID because they provide sterile equipment, so PWID don't have to reuse materials. They also decrease ED visits among PWID.

"We found that the percentage of participants who reported an overdose was 3% and 1% in DCR-unexposed and DCR-exposed participants, respectively. ... We found that the percentage of participants who reported an abscess was 14% and 3% in DCR-unexposed and DCR-exposed participants, respectively. In terms of ED visits, the respective percentages were 41% and 17%."

Rowe, Adrianna, Andrew Chang, Emily Lostchuck, Kathleen Lin, Frank Scheuermeyer, Victoria McCann, Jane Buxton, et al. 2022. "Out-of-Hospital Management of Unresponsive, Apneic, Witnessed Opioid Overdoses: A Case Series from a Supervised Consumption Site." *CJEM*, June. <https://doi.org/10.1007/s43678-022-00326-9>.

This study focuses on how the SCS intervened in the cases of overdoses or unresponsive patients. They found that "over a 6 year period at an urban supervised consumption site, all witnessed, apneic and unresponsive opioid overdoses were managed with noninvasive ventilation and oxygen [and naloxone], with none requiring chest compressions. All patients with complete

follow-up were discharged alive and neurologically intact from their care episode.” PWUD received the care they needed at the SCS, so they did not require an ED visit.

Shorter, Gillian W, Magdalena Harris, Andrew McAuley, Kirsten MA Trayner, and Alex Stevens. 2022. “The United Kingdom’s First Unsanctioned Overdose Prevention Site; A Proof-of-Concept Evaluation.” *International Journal of Drug Policy* 104 (June): 103670. <https://doi.org/10.1016/j.drugpo.2022.103670>.

“In nine months of operation, 894 injection events were recorded at the service. Overdose prevention site volunteers reported [responding] to 9 overdose events involving 8 individuals: 7 opioid overdoses, and 2 involving powder cocaine. First aid was provided, and an ambulance called on two occasions, with one of these canceled in agreement with the patient, emergency dispatcher, and service. Those whose overdose involved opioids were given naloxone (one nasally, the others via injection). There were no deaths, and no reports of other adverse medical incidents.”

Tran, Vincent, Sharon E Reid, Amanda Roxburgh, and Carolyn A Day. 2021. “Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients.” *Risk Management and Healthcare Policy* 14 (November): 4639–47. <https://doi.org/10.2147/RMHP.S244720>.

This is a systematic review of other studies about drug consumption rooms (DCRs). Data suggested that DCRs “helped reduce injecting-related harms... DCRs/SIFs facilitate drug treatment, access to health services and cessation of drug injecting. Local residents and business owners reported less public drug use and public syringe disposal following the opening of a DCR/SIF.”

Wares, Joanna R., Jing Dong, Jana L. Gevertz, Ami Radunskaya, Kendra Vine, Doug Wiebe, and Sara Solomon. 2021. “Predicting the Impact of Placing an Overdose Prevention Site in Philadelphia: A Mathematical Modeling Approach.” *Harm Reduction Journal* 18 (October): 110. <https://doi.org/10.1186/s12954-021-00559-4>.

This paper is about a hypothetical OPS, but focuses on how a model like the one they pioneer can help predict impact on local communities given geographic placement. In this case, they examined the proposed OPS in Philadelphia’s Kensington neighborhood and found that it would disproportionately benefit White and Hispanic people who used opioids given proximity to the site (within 1.5 miles of the site). While the paper is theoretical, their methodology may be interesting in trying to argue for the measurable outcomes that would happen if an OPS is opened.

“What is evident is that the proposed site is more likely to benefit White opioid users as they represent over 80% of fatal overdoses that occurred within 1.5 miles of the proposed OPS (even though only 69.7% of fatal overdoses are in the White population). Similarly, the site also disparately benefits Hispanic opioid users as they represent over 30% of fatal overdoses that occur within 1.5 miles of the proposed site (even though only 12.8% of fatal overdoses are in the Hispanic population).”

“In this case, the model predicts that the OPS would reduce the fatal overdose rate by approximately 6 and 7 deaths per year while increasing the nonfatal overdose rate by about the same amount. This increase in nonfatal overdoses occurs because the overall overdose rate does not change but instead, overdoses that occur in the OPS that would have been fatal are revived.”

Participant and Staff Experiences

Kerman, Nick, St Manoni-Millar, Luc Cormier, Tali Cahill, and John Sylvestre. "It's Not just Injecting Drugs": Supervised Consumption Sites and the Social Determinants of Health." *Drug and Alcohol Dependence* 213, (Aug 01, 2020): 1. doi:<https://doi.org/10.1016/j.drugalcdep.2020.108078>.

This article highlights how supervised consumption sites (SCSs) support PWUD, beyond hygienic equipment and medical care. SCSs also have the capacity to improve PWUD's social determinants of health (SDOH). PWUD are vulnerable to SDOH inequities, which may have negative health impacts for them. SCSs address these needs by providing social connectedness, emotional support, security, housing (via social networks at SCSs) and healthcare (via information from SCS staffs). By connecting them with a community, SCSs create social capital for PWUD, which is associated with increased harm reduction practices and can introduce them to new resources and opportunities. In this way, SCSs benefit the holistic health of PWUD and are not just limited to encouraging safer consumption, but safer lives.

Kosteniuk, Brynn, Ginetta Salvalaggio, Ryan McNeil, Hannah L. Brooks, Kathryn Dong, Shanell Twan, Jennifer Brouwer, and Elaine Hyshka. 2021. "You Don't Have to Squirrel Away in a Staircase": Patient Motivations for Attending a Novel Supervised Drug Consumption Service in Acute Care." *International Journal of Drug Policy* 96 (October): 103275. <https://doi.org/10.1016/j.drugpo.2021.103275>.

PWUD perceive a "hospital-based SCS as a safer environment, in contrast to other areas of the hospital, where they would otherwise consume drugs. Participants described attending the SCS because they viewed it as a sanctioned drug use space that enabled them to reduce a number of drug-related risks."

Olding, Michelle, Andrew Ivsins, Samara Mayer, Alex Betsos, Jade Boyd, Christy Sutherland, Coco Culbertson, Thomas Kerr, and Ryan McNeil. 2020. "A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada." *American Journal of Public Health* 110 (6): 833–35. <https://doi.org/10.2105/AJPH.2020.305612>.

Peer staff at this overdose prevention site (OPS) were confident that they could assess clients' tolerances and "prevent overdoses by advising people to start with lower doses." Some peer staff expressed that their employment "alleviated pressure" to use criminalized means to generate income. The OPS also offered drug-checking services, and the people who used them reported "feeling more knowledgeable about the drugs they consumed and desired increased availability of and specificity from the drug-checking technology." The OPS was near an opioid agonist (methadone, buprenorphine) treatment center, and their proximity facilitated connections between their clients and services.

Oudshoorn, Abe, Michelle Sangster Bouck, Melissa McCann, Shamiram Zendo, Helene Berman, Jordan Banninga, Marlene Janzen Le Ber, and Zayya Zendo. 2021. "A Critical Narrative Inquiry to Understand the Impacts of an Overdose Prevention Site on the Lives of Site Users." *Harm Reduction Journal* 18 (January): 6. <https://doi.org/10.1186/s12954-020-00458-0>.

This source has qualitative anecdotes about experiences of individuals in the Vancouver overdose prevention site (OPS). Participants' shared that the OPS gave them access to health professionals, clean facilities and equipment, and naloxone. They also did not feel rushed in their injections because they did not fear law enforcement interventions. Beyond these physical benefits, participants appreciated the social connections and lack of stigma at the OPS. The site benefits

when participants benefit: participants volunteer at the OPS, making it “a jumping off point for civic engagement.

Crime and Public Safety-Related Outcomes

Davidson, Peter J., Barrott H. Lambdin, Erica N. Browne, Lynn D. Wenger, and Alex H. Kral. 2021. “Impact of an Unsanctioned Safe Consumption Site on Criminal Activity, 2010–2019.” *Drug and Alcohol Dependence*, January, 108521. <https://doi.org/10.1016/j.drugalcdep.2021.108521>.

This study “found no evidence that interpersonal crime-related reports (i.e., those relating to assault, burglary, larceny theft, and robbery) increased in the area around the SCS” right after the SCS was implemented.”

Kennedy, Mary Clare, Kanna Hayashi, M-J Milloy, Jade Boyd, Evan Wood, and Thomas Kerr. 2020. “Supervised Injection Facility Use and Exposure to Violence among a Cohort of People Who Inject Drugs: A Gender-Based Analysis.” *International Journal of Drug Policy* 78 (April): 102692. <https://doi.org/10.1016/j.drugpo.2020.102692>.

SIF usage protects men PWID from violence more than women. This makes sense because more than 60% of violence among men involve violence from strangers and police officers, compared to 40% among women. SIFs create an environment for PWID, particularly men, to consume drugs without fear of violent encounters.

Kral, Alex H., Barrot H. Lambdin, Lynn D. Wenger, Erica N. Browne, Leslie W. Suen, and Peter J. Davidson. 2021. “Improved Syringe Disposal Practices Associated with Unsanctioned Safe Consumption Site Use: A Cohort Study of People Who Inject Drugs in the United States.” *Drug and Alcohol Dependence*, October, 109075. <https://doi.org/10.1016/j.drugalcdep.2021.109075>.

Unsanctioned safe consumption sites decrease the amount of improperly disposed syringes because they are disposed of in biohazard containers on-site.

Livingston, James D. 2021. “Supervised Consumption Sites and Crime: Scrutinizing the Methodological Weaknesses and Aberrant Results of a Government Report in Alberta, Canada.” *Harm Reduction Journal* 18 (1): 4. <https://doi.org/10.1186/s12954-020-00456-2>.

This a useful rebuttal overall to a specific report claiming that SCS raised the rates of crime around Alberta. It found “major methodological limitations with respect to its criminological components, including that crime was poorly operationalized and measured, change in crime was inadequately assessed, and the effect of SCSs on crime was not ascertained.”

Sherman, Susan G., Saba Rouhani, Rebecca Hamilton White, Noelle Weicker, Miles Morris, Kristin Schneider, Ju Nyeong Park, and Colleen Barry. 2022. “Acceptability of Overdose Prevention Sites in the Business Community in Baltimore, Maryland.” *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, May, 1–10. <https://doi.org/10.1007/s11524-022-00647-1>.

This research found that businesses in neighborhoods that experience high levels of drug activity support OPSs. It also found that “OPS support and more empathetic attitudes towards PWUD were driven by personal experiences, with living near your workplace and having recently witnessed an overdose at work being significantly associated with OPS support.” Supporters thought that OPSs would reduce drug-related deaths and benefit the entire community.

Urbanik, Marta-Marika, Katharina Maier, and Carolyn Greene. 2022. "A Qualitative Comparison of How People Who Use Drugs' Perceptions and Experiences of Policing Affect Supervised Consumption Services Access in Two Cities." *International Journal of Drug Policy* 104 (June): 103671. <https://doi.org/10.1016/j.drugpo.2022.103671>.

This study compared two cities where police presence was heavily visible near SCSs. In Calgary, police were present near the SCS and harassed PWUD trying to use it. In this case, law enforcement acted as a barrier to SCS access. In Edmonton, police were present near the SCS, but they did not engage in behavior that deterred PWUD from using it. In that case, PWUD saw the SCS as a place of refuge from police.

Willingness to Utilize SCS

Ickowicz, Sarah, Cameron Grant, Ekaterina Nosova, Jade Boyd, Rupinder Brar, M-J Milloy, Kanna Hayashi, and Seonaid Nolan. 2020. "Factors Associated with the Use of Supervised Consumption Facilities among Women Who Inject Drugs in a Canadian Setting." *Journal of Addiction Medicine* 14 (5): e226–32. <https://doi.org/10.1097/ADM.0000000000000646>.

"Higher intensity patterns of drug use, including daily heroin and crystal methamphetamine injection, injecting in public and binge injection, as well as homelessness to be associated with SCF use among women." In summary, SCF (supervised consumption facilities) appealed to highest risk users.

Kenney, Shannon R., Bradley J. Anderson, Genie L. Bailey, Debra S. Herman, Micah T. Conti, and Michael D. Stein. 2020. "Examining Overdose and Homelessness as Predictors of Willingness to Use Supervised Injection Facilities by Services Provided Among Persons Who Inject Drugs." *The American Journal on Addictions*, June, 10.1111/ajad.13065. <https://doi.org/10.1111/ajad.13065>.

This study was conducted in Massachusetts with 184 participants in short term opioid withdrawal management inpatient treatment about their interest in using a SIF. They measured willingness based on the provision of specific services and if that willingness difference between overdose history and homelessness. They found that the most appealing characteristic of an SIF would be protection from police, followed by connection to treatment, and provision of clean syringes. Only a little over half would go if the SIF offered fentanyl testing services.

Khezri, Mehrdad, Mohammad Karamouzian, Hamid Sharifi, Nima Ghalekhani, Fatemeh Tavakoli, Soheil Mehmandoost, Fatemeh Mehrabi, et al. 2021. "Willingness to Utilize Supervised Injection Facilities among People Who Inject Drugs in Iran: Findings from 2020 National HIV Bio-Behavioral Surveillance Survey." *International Journal of Drug Policy* 97 (November): 103355. <https://doi.org/10.1016/j.drugpo.2021.103355>.

Iranian PWID report high willingness to use SIFs. Willingness is higher among PWID who have experienced homelessness, food insecurity, incarceration, non-fatal overdose, and HCV sero-positivity. PWID who primarily inject stimulants, share syringes, inject publicly, and use other harm reduction services were also more likely to report willingness to use SIFs.

Klein, Kathryn S., Sara N. Glick, and Pia M. Mauro. 2020. "Anticipated Use of a Supervised Drug Consumption Site among Syringe Services Program Clients in King County, Washington: Assessing the Role of Opioid Overdose and Injection Behavior." *Drug and Alcohol Dependence* 213 (August): 108121. <https://doi.org/10.1016/j.drugalcdep.2020.108121>.

More than 80% of this study's participants anticipated using an SCS. Nearly 67% were affected by an overdose (either directly or indirectly) or reported injecting publicly. Overdose experience and public injection behavior were both associated with anticipated SCS; the latter was more strongly associated than the former. Further, people who primarily used opioids were more likely to anticipate SCS use than people who primarily used methamphetamine.

“Our findings indicate that SCS services would be used by people situated in higher risk environments; therefore, specialized services at the SCS could aid in reducing overdose events, fatalities, and other harms.”

Rouhani, Saba, Rebecca Hamilton White, Ju Nyeong Park, and Susan G. Sherman. 2020. “High Willingness to Use Overdose Prevention Sites among Female Sex Workers in Baltimore, Maryland.” *Drug and Alcohol Dependence* 212 (July): 108042. <https://doi.org/10.1016/j.drugalcdep.2020.108042>.

“Most women (77%) reported being likely to use an OPS given the chance. Willingness was significantly elevated among women who: identified as sexual minorities (97%), reported recent homelessness (82%), sexual violence (92%), heroin use (83%), injection drug use (82%) or receptive syringe sharing (82%). A majority (58 %) reported that they would still use an OPS if identification or registration was required, though only 16 % would travel >30 min for services. Women anticipated using services daily (42%) or more (30%), and consistently throughout the day (55 % morning; 46 % afternoon; 50 % evening; 46 % late night). Common barriers included: transportation (45 %), concerns about arrest (41 %), confidentiality (26 %) and privacy (22 %).”

Trayner, Kirsten M.A., Norah E. Palmateer, Sharon J. Hutchinson, David J. Goldberg, Samantha J. Shepherd, Rory N. Gunson, Emily J. Tweed, et al. 2021. “High Willingness to Use Drug Consumption Rooms among People Who Inject Drugs in Scotland: Findings from a National Bio-Behavioural Survey among People Who Inject Drugs.” *The International Journal on Drug Policy* 90 (April): 102731. <https://doi.org/10.1016/j.drugpo.2020.102731>.

“The majority of PWID overall in Scotland (75%) were willing to use a DCR... Willingness was greater among PWID who reported (compared to those who did not report) injecting heroin (76%), cocaine injecting (79%), homelessness (86%), public injecting (87%) and an overdose (80%).”

Addressing Community Concerns

Bancroft, Morgan, and Esben Houborg. 2020. “Managing Coexistence: Resident Experiences of the Open Drug Scene and Drug Consumption Rooms in Inner Vesterbro, Copenhagen.” *Contemporary Drug Problems* 47 (3): 210–30. <https://doi.org/10.1177/0091450920912495>.

This study found that, for local support for DCRs to continue, DCRs should collaborate with different community stakeholders. For example, “all apartment buildings have information sheets with direct hotlines to DCRs as well as the local police. Regular information meetings are arranged, allowing residents to obtain information on recent drug scene developments or vent frustrations. NGOs operate in the area, providing opioid overdose reversal training. Taken together, these important measures indicate that local authorities view the local DCRs and the drug scene as integrated parts of the area. They also highlight the importance of establishing and sustaining cooperation between various stakeholders, most importantly DCR staff and police.”

Munoz Sastre, Maria Teresa, Lonozou Kpanake, and Etienne Mullet. 2020. "French People's Positions on Supervised Injection Facilities for Drug Users." *Substance Abuse Treatment, Prevention, and Policy* 15 (October): 79. <https://doi.org/10.1186/s13011-020-00321-2>.

Communities are more willing to host SCSs if they are introduced as medical centers, rather than as welcoming locations for PWUD. The types of drugs allowed did not impact people's opinions.

Socia, Kelly M., Rebecca Stone, Wilson R. Palacios, and John Cluverius. 2021. "Focus on Prevention: The Public Is More Supportive of 'Overdose Prevention Sites' than They Are of 'Safe Injection Facilities.'" *Criminology & Public Policy* 20 (4): 729–54. <https://doi.org/10.1111/1745-9133.12566>.

"The major policy takeaways are that (1) proponents of these facilities should refer to them using labels that highlight overdose prevention ("overdose prevention site"), rather than safe drug use ("safe injection facility") and (2) discussions about local facilities should be placed in the context of both the national and local opioid epidemic to help mitigate NIMBY concerns."

Program Recommendations and Considerations

Boyd, Jade, Jennifer Lavalley, Sandra Czechaczek, Samara Mayer, Thomas Kerr, Lisa Maher, and Ryan McNeil. "'Bed Bugs and Beyond': An Ethnographic Analysis of North America's First Women-Only Supervised Drug Consumption Site." *The International Journal on Drug Policy* 78, (04, 2020): 1. doi:<https://doi.org/10.1016/j.drugpo.2020.102733>.

This article studies the first women-only (transgender and nonbinary inclusive) SCS in North America, and it analyzes how gender-responsive SCSs can benefit PWUD who are women and other marginalized genders. It adopts an intersectional approach, acknowledging that PWUD who are not cisgender males experience unique forms of oppression, and it sheds light on how SCSs have the potential to support them. This specific SCS, SisterSpace, has creative and welcoming interior design to make everyone there feel like they belong. Its all-women staff also offers food and hygiene products unrelated to drug use to meet their clients' needs. Their diverse staff is intentionally culturally-supportive, accommodating different cultural practices that may surround an individual's substance use. Because gender-responsive SCSs allow PWUD to not just feel safe in their drug consumption, but also in their multifaceted identities, they are a critical part of creating equitable harm reduction resources.

Collins, Alexandra B., Jade Boyd, Kanna Hayashi, Hannah L. F. Cooper, Shira Goldenberg, and Ryan McNeil. 2020. "Women's Utilization of Housing-Based Overdose Prevention Sites in Vancouver, Canada: An Ethnographic Study." *The International Journal on Drug Policy* 76 (February): 102641. <https://doi.org/10.1016/j.drugpo.2019.102641>.

Housing-based overdose prevention sites (HOPS) are important to overdose response, but they create a new setting for safer consumption. HOPS are social environments (with guests and crowded spaces) and have restrictions (prohibited smoking and surveillance). Consequently, women may not feel safe at HOPS and may choose to use alone in their rooms—increasing their risk of fatal overdose. This emphasizes a need to reconsider safety from gendered perspectives.

Davidson, Peter J., Lynn D. Wenger, Barrot H. Lambdin, and Alex H. Kral. 2022. "Establishment and Enforcement of Operational Rules at an Unsanctioned Safe Drug Consumption Site in the United States, 2014–2020." *American Journal of Public Health* 112 (S2): S166–72. <https://doi.org/10.2105/AJPH.2022.306714>.

Rules at this SCS were largely created by service users, rather than external pressures. This bottom-up rule-making allowed service users to take ownership of their space, and their regulations rapidly responded to their community's needs. By removing external restrictions, SCSs can operate by flexible rules that are "highly responsive to the social and public health needs of people who use drugs." Any regulation of SCSs should be flexible to maximize the involvement of PWUD.

Kryszajtys, David T., Jessica Xavier, Katherine Rudzinski, Adrian Guta, Soo Chan Carusone, and Carol J. Strike. 2022. "Stakeholder Preferences for Supervised Consumption Site Design, Staff, and Ancillary Services: A Scoping Review of Feasibility Studies." *Drug and Alcohol Dependence* 230 (January): 109179. <https://doi.org/10.1016/j.drugalcdep.2021.109179>.

This study found that PWUD and stakeholders have similar recommendations for SCS models: "In general, PWUD and stakeholders recommended SCS be integrated within or near other social and health services. There was also support across both groups for mobile SCS, multiple versus a single SCS, women only hours or service supports, allowing consumption of many types of drugs, referrals to a vast range of health and social services, referrals for opioid agonist treatment, distribution of harm reduction equipment, access to basic supplies, access to a drug checking service, onsite nurses, staff with experience working with PWUD and staff specialized in providing support for specific groups such as youth or Indigenous people."

However, PWUD were more supportive of private cubicles and creating separate spaces for smoking and injecting; stakeholders were more supportive of police presence and surveillance. PWUD supported standalone SCSs, while stakeholders preferred them to be incorporated into treatment or social services.

Montero-Moraga, Jose María, Amaia Garrido-Albaina, Maria Gabriela Barbaglia, Mercè Gotsens, Diego Aranega, Albert Espelt, and Oleguer Parés-Badell. 2020. "Impact of 24-Hour Schedule of a Drug Consumption Room on Service Use and Number of Non-Fatal Overdoses. A Quasiexperimental Study in Barcelona." *International Journal of Drug Policy* 81 (July): 102772. <https://doi.org/10.1016/j.drugpo.2020.102772>.

This paper, based in Spain, is about the barriers that not having 24-hour access could entail. They concluded that there may be an increase in overdose risk at night, when DCRs may be closed.

"There were 1,089 clients in the 15-hour period and 1,262 in the 24-hour period. There were no sociodemographic differences in the clients between periods. During nighttime, there was a higher proportion of women (17%) and homeless people (47%) than during daytime (12% and 30%, respectively). Injected cocaine use was more frequent during nighttime (34%) than during daytime (25%) and injected heroin use was less frequent during nighttime (17%) than during daytime (24%). There was a non-significant increase in non-fatal overdose risk during nighttime. However, when we analyzed heroin use alone, the increase in non-fatal overdose risk was significant."

Pauly, Bernadette, Bruce Wallace, Flora Pagan, Jack Phillips, Mark Wilson, Heather Hobbs, and Joann Connolly. 2020. "Impact of Overdose Prevention Sites during a Public Health Emergency in Victoria, Canada." *PLoS ONE* 15 (5): e0229208. <https://doi.org/10.1371/journal.pone.0229208>.

OPSS can facilitate social connection between its participants, but this benefit is not inherent to them. OPSS must intentionally facilitate spaces for PWUD to build relationships by reflecting "drug culture and practices of service users." The OPSS that most effectively create welcoming

and social spaces are often community-led and developed; still, OPSs tend to be “highly gendered and racialized, pointing to the need for culturally and gender appropriate OPS.” OPSs should also consider the consumption experience of PWUD. Instead of focusing solely on minimizing the harms of use, they should “acknowledge pleasure in the design and delivery of consumption services and sites.”

Pijl, Em, Tracy Oosterbroek, Takara Motz, Erin Mason, and Keltie Hamilton. 2021. “Peer-Assisted Injection as a Harm Reduction Measure in a Supervised Consumption Service: A Qualitative Study of Client Experiences.” *Harm Reduction Journal* 18 (January): 5. <https://doi.org/10.1186/s12954-020-00455-3>.

Peer-assisted injection programs would make SCSs even more effective. It shows that peer-assisted injection participants were more likely to frequent the facility, citing that it was safer, and carried less risk of overdose. They also emphasize the fact that these relationships are often driven by generosity, desire to help others, and especially, on the side of injection providers, to be especially attentive to safety and proper technique to ensure less risk.

Roxburgh, Amanda, Marianne Jauncey, Carolyn Day, Mark Bartlett, Shelley Cogger, Paul Dietze, Suzanne Nielsen, Julie Latimer, and Nico Clark. 2021. “Adapting Harm Reduction Services during COVID-19: Lessons from the Supervised Injecting Facilities in Australia.” *Harm Reduction Journal* 18 (1): 20. <https://doi.org/10.1186/s12954-021-00471-x>.

The paper is largely about how an Australian site adapted to restrictions during COVID-19 and responding to overdose procedures (i.e. how to provide oxygen with aerosolization risk concern). The below statistic was pulled to provide an outcome, but the paper is useful for an implementation science and COVID-19 adaption angle.

“Since opening in 2001, the MSIC in Sydney has supported over 1.1 million injecting visits and responded to over 10,000 overdoses... these services are important not only in mitigating comorbidities associated with non-fatal overdose, and in reducing the number of injections that occur in public places, but also in averting fatal overdose, highlighted by the fact that neither facility has ever had a single fatality.”

Samuels, Elizabeth A., Dennis A. Bailer, and Annajane Yolken. “Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis.” *JAMA Network Open* 6 (2022): e2222153. doi:10.1001/jamanetworkopen.2022.22153.

An Invited Commentary on the need for legal above-ground OPCs in the United States to address the overdose crisis., highlighting OnPoint NYC’s work as an important example.

Speed, Kelsey A., Nicole D. Gehring, Katherine Launier, Daniel O’Brien, Sandy Campbell, and Elaine Hyshka. 2020. “To What Extent Do Supervised Drug Consumption Services Incorporate Non-Injection Routes of Administration? A Systematic Scoping Review Documenting Existing Facilities.” *Harm Reduction Journal* 17 (October): 72. <https://doi.org/10.1186/s12954-020-00414-y>.

This article is a systematic review of 48 European SCSs that facilitate non-injection drug consumption. Their care resembles that of SCSs that only facilitate injections. However, they also have ventilated rooms and outdoor areas for inhalation and shorter time limits on individuals who are not injecting.

Urbanik, Marta-Marika, and Carolyn Greene. 2021. "Operational and Contextual Barriers to Accessing Supervised Consumption Services in Two Canadian Cities." *International Journal of Drug Policy* 88 (February): 102991. <https://doi.org/10.1016/j.drugpo.2020.102991>.

Barriers to SCS access include wait times, time limits, restrictions on injection assistance, and client bans. Some individuals also experience different contextual barriers: perceptions that naloxone use is unnecessary or fear of police surveillance. SCS-users may work to counter the contextual barriers.