

Overdose Prevention Centres

Safety, Trust, Social inclusion

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A realist review of evidence on OPCs

Examining the contexts, mechanisms and outcome of OPCs

- 391 documents selected
- Covering OPCs in 17 countries

TABLE 3 Number of overdose prevention centres covered by selected documents by country.

Canada	30
Germany	30
The Netherlands	6
Australia	3
Denmark	3
Spain	3
United States	3
France	2
Belgium	1
Greece	1
Italy	1
Luxembourg	1
Mexico	1
Norway	1
Portugal	1
Switzerland	1
United Kingdom	1

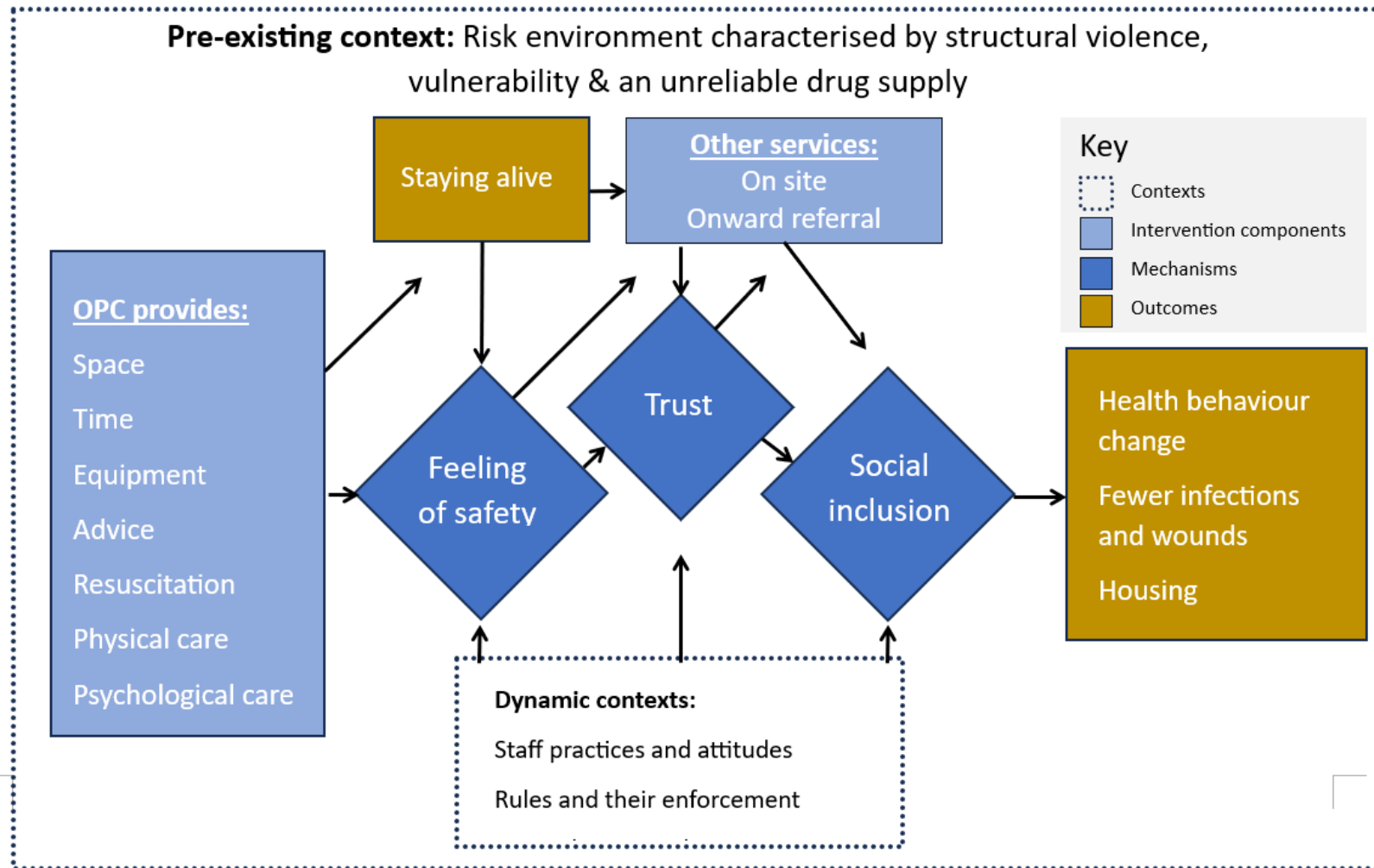
FUNDING INFORMATION

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How do OPCs work?

The main causal pathway of OPC contexts, mechanisms and outcomes



The contexts of OPCs

Structural violence

- Stigma
- Poverty
- Surveillance and control

Physical and sexual violence

- From peers
- From public

Homelessness

Unreliable drug supply



The components of OPCs

OPC provides:

Space

Time

Equipment

Advice

Resuscitation

Physical care

Psychological care



Immediate outcome: staying alive

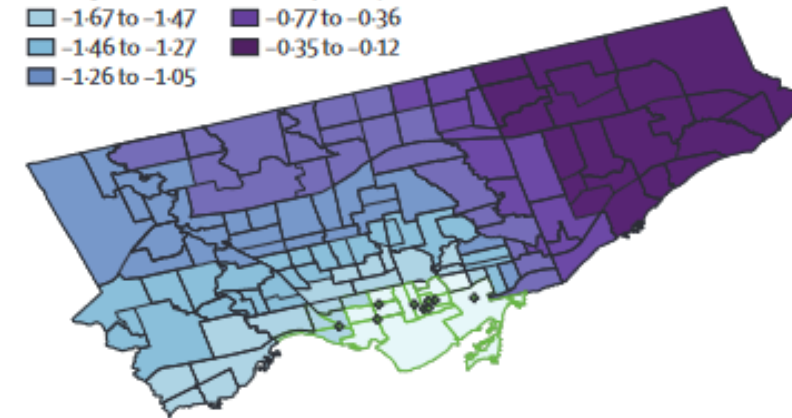
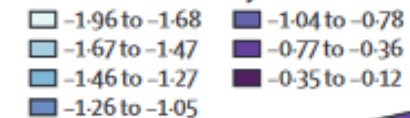
“This place saved my life” (quote from multiple participants in multiple studies)

Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis

Indhu Rammohan, Tommi Gaines, Ayden Scheim, Ahmed Bayoumi, Dan Werb

Interpretation We found that the period during which SCS were implemented in Toronto was associated with a reduced overdose mortality in surrounding neighbourhoods. The magnitude of this inverse association increased from 2018 to 2019, equalling approximately two overdose fatalities per 100 000 people averted in the square mile surrounding SCS in 2019. Policy makers should consider implementing and sustaining SCS across neighbourhoods where overdose mortality is high.

Local coefficients of SCS proximity and overdose mortality



*Lancet Public Health 2024;
9: e79-87*

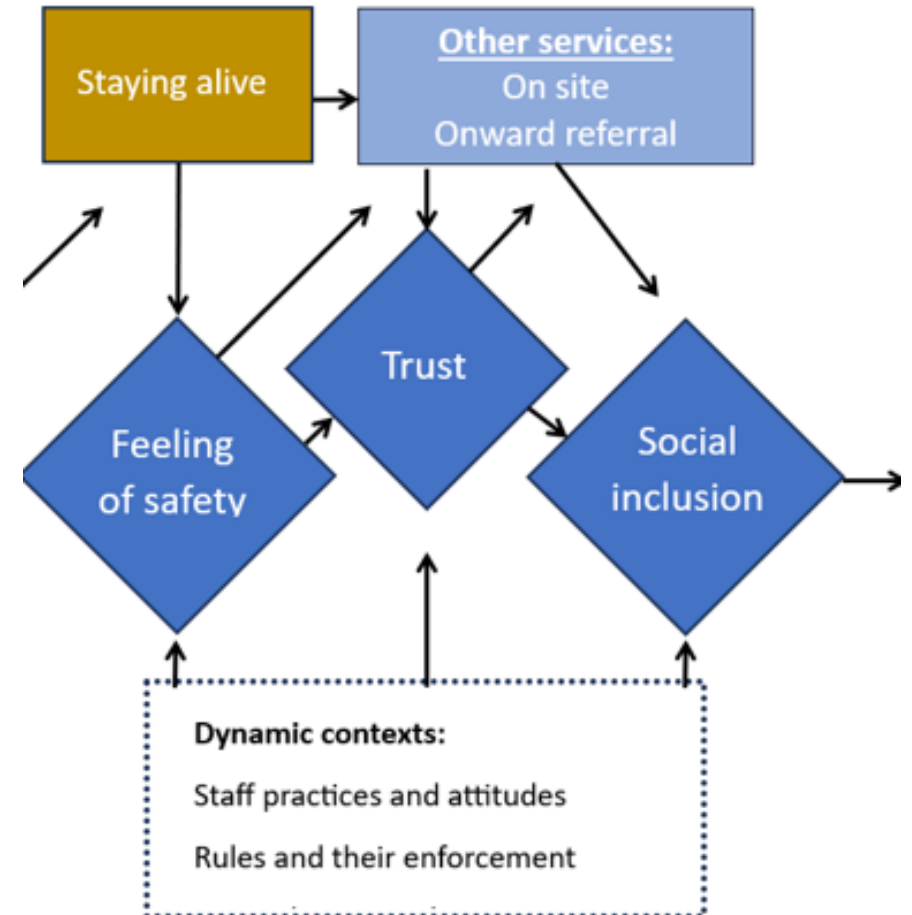
Causing other outcomes

Triggering feelings of safety, trust and social inclusion by:

- Providing other services on site and by referral
 - Welfare (e.g. showers, food)
 - Practical support (e.g. housing, benefits)
 - Psychological support
 - Drug treatment (OAT and/or detox')

Mediated by:

- Staff practices and attitudes
- Rules and their enforcement



Dynamic contexts moderate effects

- Restricted or long opening hours
- Restricted or welcoming space (number of available booths, a place to 'chill out')
- Stigma or support from staff
- Disorderly environment (e.g. bullying and harassment by peers)
- Restrictive rules (e.g. no use by inhalation, no peer-injecting)
- Police surveillance and control



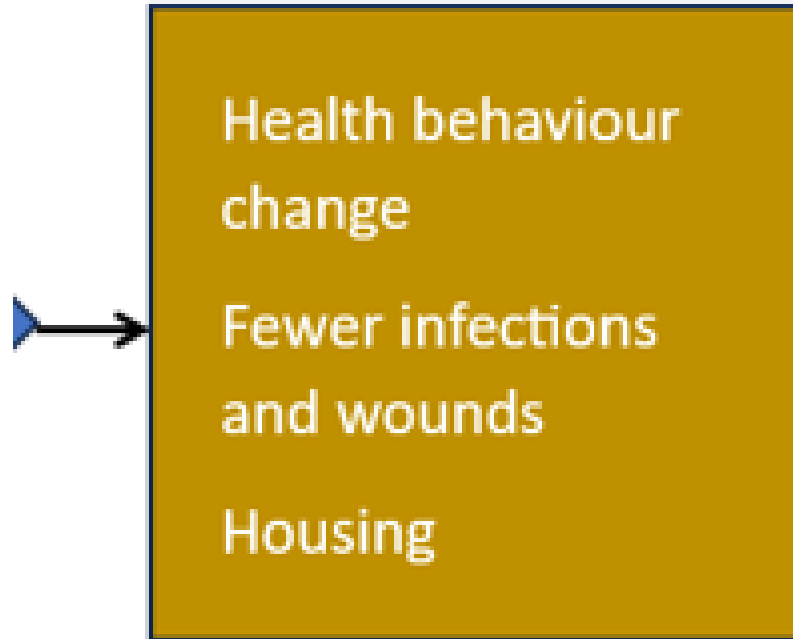
Dynamic contexts:

Staff practices and attitudes

Rules and their enforcement

Other outcomes

For people who use OPCs



For communities

Reductions in public drug use

Reductions in drug-related litter

Reductions in ambulance call outs and A&E visits

Little evidence of 'honeypot effect', or increased crime in neighbourhood



RESEARCH

Open Access

Self-reported changes in drug use behaviors and syringe disposal methods following the opening of a supervised injecting facility in Copenhagen, Denmark

Elizabeth N Kinnard^{1*}, Channele J Howe², Thomas Kerr^{3,4}, Vibeke Skjødtt Hass⁵ and Brandon DL Marshall²

Table 3 Perceived behavior and frequency change among a sample of people who inject drugs at a supervised injecting facility since its opening in Copenhagen, Denmark (n = 41)

Characteristic	n (%)
Any perceived behavior change	31 (75.6)
Less rushed/stressful	26 (63.4)
Less injecting outdoors	23 (56.1)
No longer share needles	22 (53.7)
Clean injection site more often	18 (43.9)
Easier to get vein first time	16 (39.0)
Reuse own needles less often	11 (26.8)
Use clean water more often	11 (26.8)
No longer need help injecting	6 (14.6)
Other	3 (7.3)

Addiction

RESEARCH REPORT

doi:10.1111/j.1360-0443.2010.02977

Is Vancouver Canada's supervised injection facility cost-saving?

Steven D. Pinkerton

Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, WI, USA

RESULTS

The results of the main analysis indicated that if Insite were closed and its syringe exchange program ceased operations, the annual number of incident HIV infections among Vancouver IDU would be expected to increase from 179.3 (1.6% annual incidence) to 262.8 (2.3% incidence), a difference of 83.5 infections per year. These pre-



“It’s not just injecting drugs”: Supervised consumption sites and the social determinants of health

Nick Kerman^{a,*}, Stéphanie Manoni-Millar^a, Luc Cormier^b, Tali Cahill^b, John Sylvestre^c

3.2.4. “The shelter’s the place you do not want to use”: current shelter statuses and search for housing

For participants experiencing homelessness, SCSs had various effects on their current shelter statuses and search for housing. This included assistance from staff with accessing an emergency shelter bed, finding housing, or passing along messages from case workers related to housing applications. By providing clean equipment and a place to use drugs, SCSs could also help to prevent people from being banned from emergency shelters that forbade drug use: “The shelter’s the place you do not want to use ... you get barred and into another shelter. It’s just a

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Harm reduction in Italy: the experience of an unsanctioned supervised injection facility run by drug users

Sonia Bergamo, Giuseppe Parisi and Paolo Jarre

4.4 Drug-related nuisance

Drug use in the park has shifted from more visible places (bushes, clumps of trees, meadows and walls) to the *Stanzetta*. As a result, the discarded syringes have diminished in number and those disposed off correctly have increased (Plate 1).

In the NSP, 256,500 syringes and 39,700 needles have been distributed. In total, 86,115 syringes have been delivered back directly to the professionals during the opening hours of the NSP and 46,548, more than a third of the total, in the *Stanzetta* (Plate 2).

Research paper

Five years on: What are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre?

Allison M. Salmon^{a,*}, Hla-Hla Thein^a, Jo Kimber^b, John M. Kaldor^{a,1}, Lisa Maher^{a,2}

^a National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, NSW, Australia

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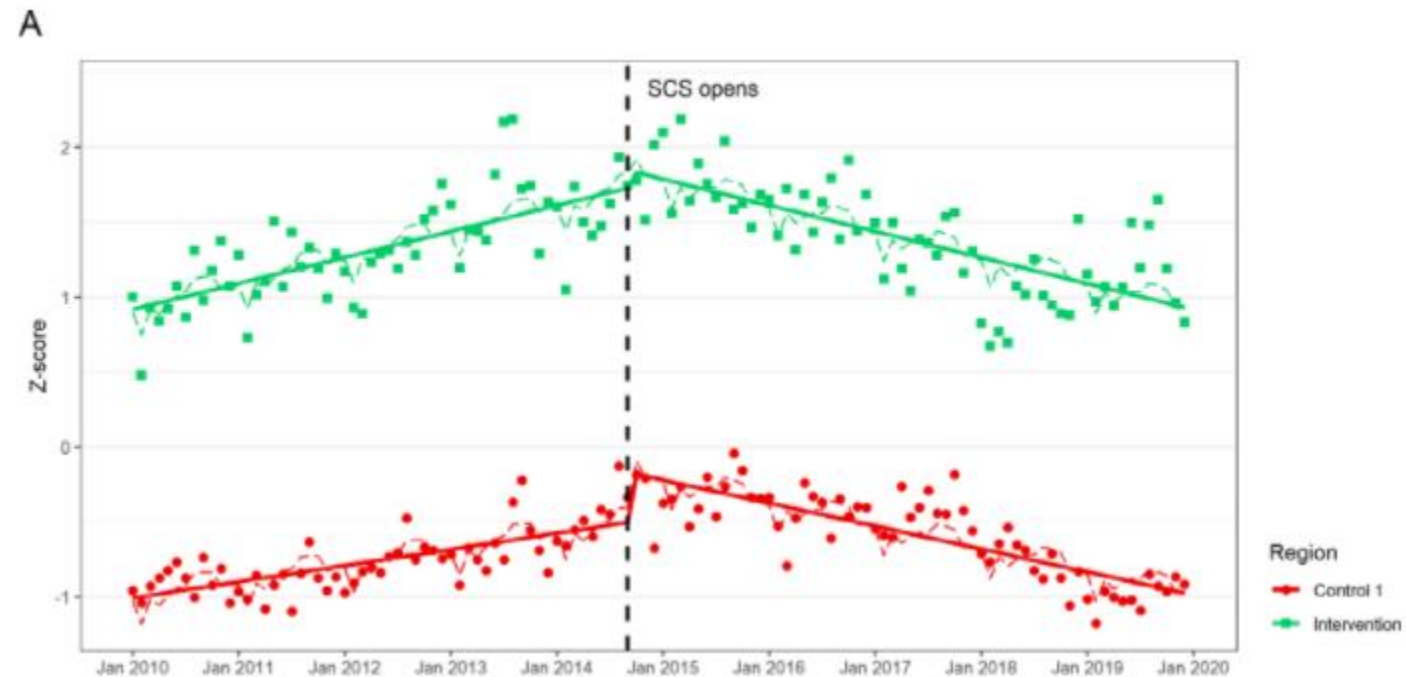
Results: The survey was completed by 515, 540 and 316 residents and 269, 207 and 210 businesses in the 3 years respectively, with rates generally above 75%. There was a significant decrease in the proportion of residents and business operators who reported witnessed public injecting and publicly discarded injecting equipment, in the last month, with no significant change in proportions of drugs for purchase. Residents were less likely to have seen public injecting in the last month if they were female, retired, lived over 500 m from the MSIC or participated in the survey in 2005. Business operators who had witnessed public injecting or discarded needles and syringes in the last month were less likely to report either if located over 500 m from the MSIC. Those businesses operating for over 5 years were less likely to have seen publicly discarded needles and syringes than those who had opened within the last year.

Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019

Peter J. Davidson^{a,*}, Barrot H. Lambdin^b, Erica N. Browne^b, Lynn D. Wenger^b, Alex H. Kral^b

P.J. Davidson et al.

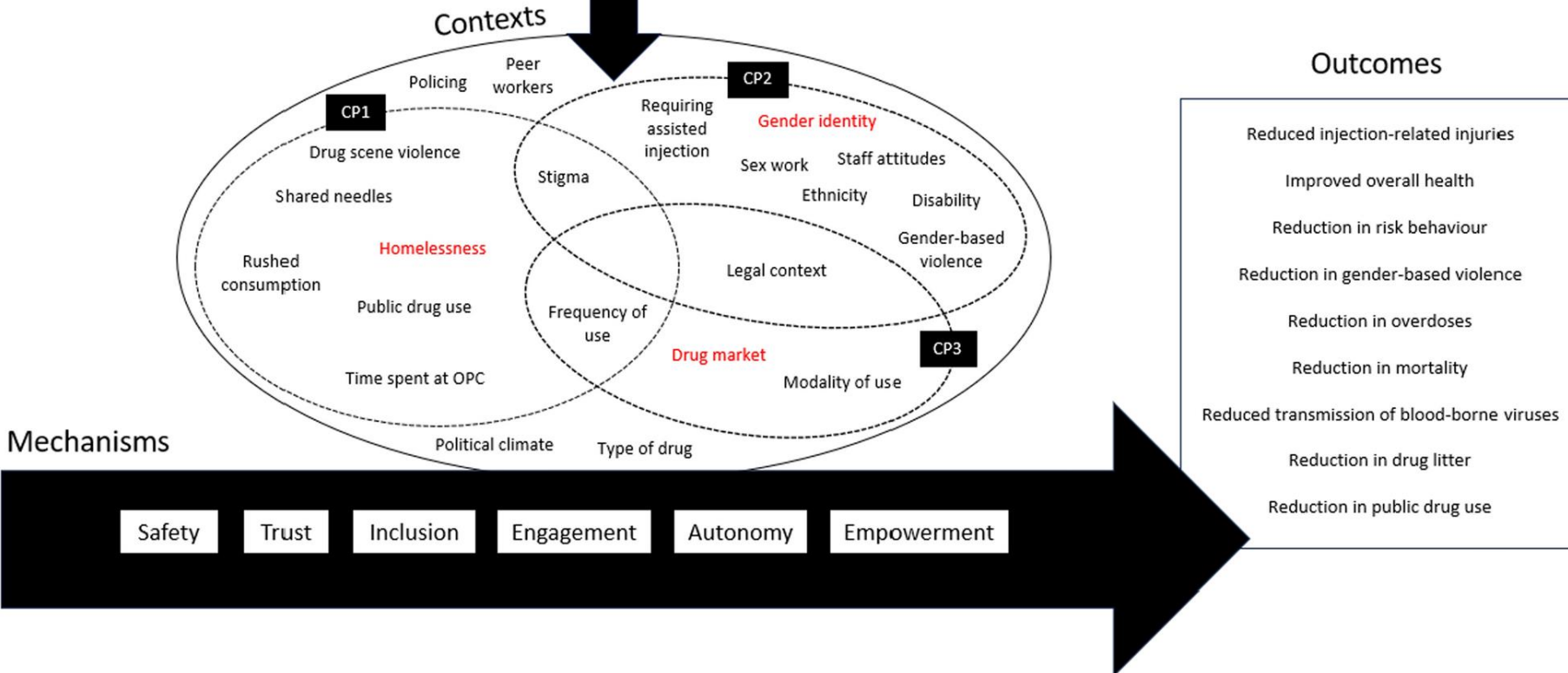
Drug and Alcohol Dependence 220 (2021) 108521



A more detailed programme theory

Intervention: Overdose Prevention Centre

Safe & clean consumption space	Safe consumption education	Protection from drug scene and gender-based violence	Access wound care	Overdose response	Injection space
Access personal care	Oxygen Naloxone		Other drug-related services	Safe assisted injection	Inhalation space



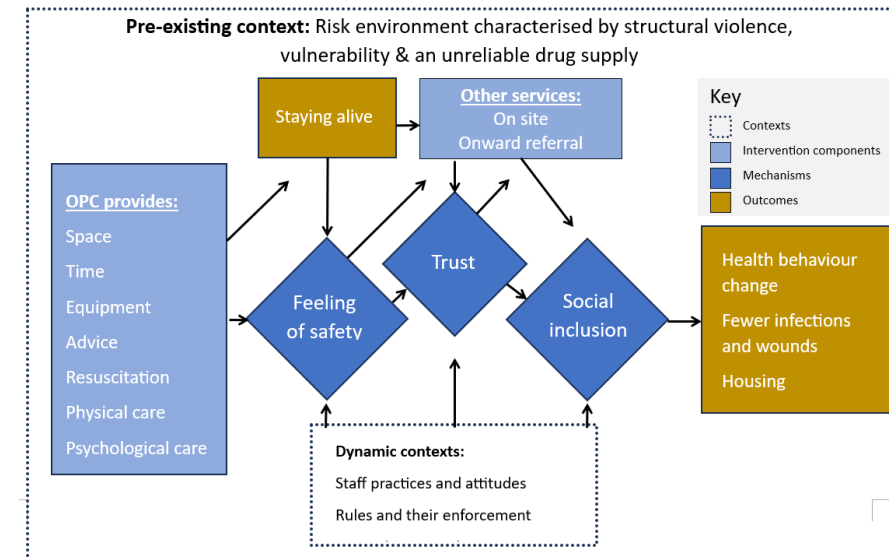
- J. Keemink et al. (2025). Four decades of overdose prevention centres: lessons for the future from a realist review. Harm Reduction Journal

Conclusion

If: OPCs succeed in providing an experience of safety for people who are otherwise exposed to high levels of drug-related risk and other forms of harm and violence

Then: they can build the necessary trust to support trajectories towards social inclusion and improved health

Because: providing safety both reduces the risk of dying and becoming infected, but also creates a platform of trust from which people can build connections to people and services that can help them overcome the various adversities they face.



A. Stevens et al. (2024).
Overdose prevention centres as spaces of safety, trust and inclusion: a causal pathway based on a realist review
Drug and Alcohol Review