

THE ROLE OF OVERDOSE PREVENTION SITES IN CORONAVIRUS RESPONSE

Sterling Johnson *Board Member, Angels in Motion; Black and Brown Workers Cooperative*

Leo Beletsky *Professor of Law, Northeastern University School of Law*

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EXECUTIVE SUMMARY

The coronavirus pandemic has compounded North America's overdose crisis. Just in the United States, drug overdoses have already claimed nearly a half million lives since 1999. Now authorities across the country are reporting a surge in overdose deaths as part of the pandemic fallout, with fatality rates rising by 100% in some counties. By disrupting treatment and harm reduction services, triggering economic shocks and trauma, and severing social support networks, the pandemic is undermining any progress being made in overdose prevention. At the same time, people who use opioids and other drugs are especially vulnerable to coronavirus infections and severe disease because of health and structural stressors.

In responding to these overlapping public health emergencies, we must draw on the full spectrum of science-driven prevention measures. Such measures include rapid scale-up in access to critical overdose prevention medications, including methadone, buprenorphine, and the opioid antidote naloxone. But we must also expand the limited toolkit of overdose prevention efforts in the United States to include overdose prevention sites. Also known as “supervised consumption facilities” or “safe injection sites,” these are safe, supervised spaces to use previously-obtained drugs and access essential care and support services. With nearly 300 such facilities operating worldwide, overdose prevention sites have shown overwhelming evidence of their public health benefit and cost-effectiveness. Despite these well-documented successes, advocates have been unsuccessful at opening a legally-sanctioned overdose prevention site in the United States.

In the context of the COVID-19 pandemic, such sites are especially vital because of their potential to prevent both overdose fatalities and the spread of infectious diseases. By handling numerous medical emergencies, they also promise to conserve health care system resources during a time when these resources are acutely scarce.

As coronavirus is fundamentally redefining the status quo, the imperative for overdose prevention sites has never been more urgent. The American public agrees: In new polling, we found substantial bipartisan support for overdose prevention sites and other harm reduction solutions as part of the response to coronavirus. Indeed, voters not only support supervised consumption, they want local officials to take the lead even in the face of state opposition.

OUR POLLING SHOWS THAT:

- ▶ **60% of voters, including 53% of Republicans, support overdose prevention sites** as a tool that state and local governments may use to reduce overdoses in their cities and states.
- ▶ **58% of voters believe** that mayors and other local officials should open overdose prevention sites if they feel they will address an overdose crisis, even if the state government opposes.
- ▶ **54% percent of voters support** supervised consumption via mobile units to immediately target neighborhoods with high overdose death rates.
- ▶ **58% of voters overall, and 60% of Republicans, prefer** setting up overdose prevention sites as part of already existing health care systems and hospital networks.

- ▶ **Voters also believe** that overdose prevention sites should be accessible: 54% overall and 54% of Republicans prefer setting up overdose prevention sites in commercial areas with heavy traffic over remote locations.

Extraordinary times require extraordinary measures. The COVID-19 pandemic has forced us to rapidly adapt by reforming staid and ineffective systems and policies to safeguard public health. Creating overdose prevention sites should be part of this adaptation. These facilities can act as essential points of access to care for people who use drugs and provide extensive collateral public health benefits to the community as a whole. This is the time to eliminate unnecessary barriers to these lifesaving services. If not now, when?

Introduction: Harm Reduction Strategies are Essential to Fighting the Opioid Overdose Crisis

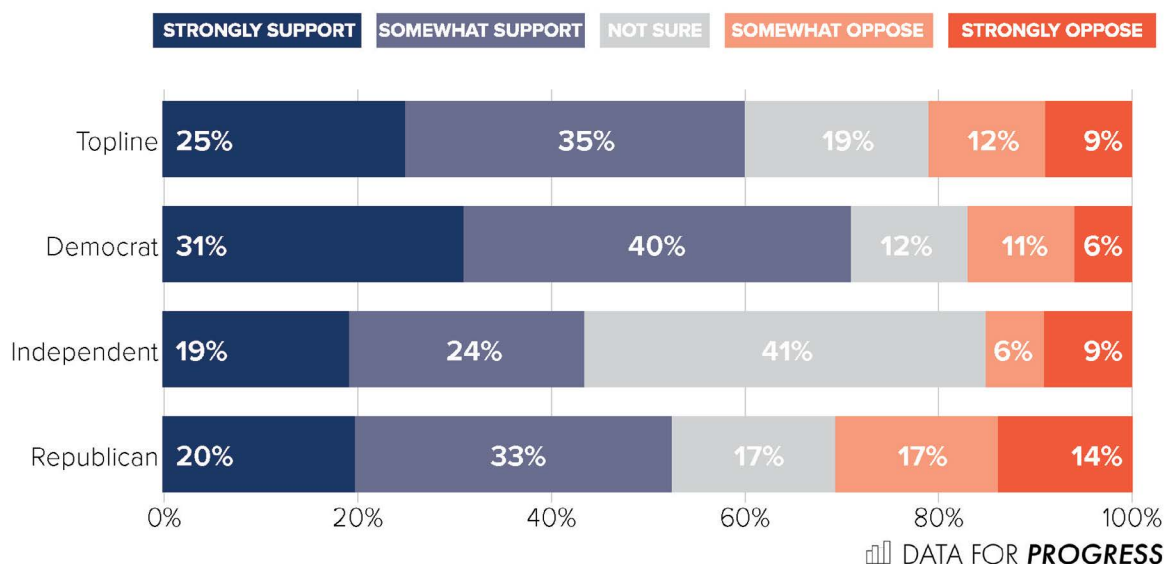
The United States has been in the grips of an overdose crisis since the early 2000s. This crisis has evolved from being driven primarily by prescription drugs to heroin to fentanyl. Instead of focusing on treatment, harm reduction, and root causes, policy responses have primarily targeted drug supply through criminal justice interventions. In many jurisdictions, these punitive approaches continued to fuel the overdose fatalities they were purported to abate.

What makes this slow pace of progress in overdose crisis response especially tragic is that effective interventions are available. Research has long shown that harm reduction strategies, such as community distribution of naloxone,

the opioid overdose antidote, have effectively decreased overdose deaths, as have “911 Good Samaritan” laws that promote help-seeking by shielding overdose witnesses and victims from prosecution for minor drug offenses. Providing access to scientifically-based drug treatment with methadone and buprenorphine has been shown to slash overdose risk by 50-80%, including among people reentering society from incarceration. Measures to reduce the collateral harms of problematic substance use include the expansion of syringe service programs, which provide sterile syringes and create a link to broader healthcare services and treatment.

In the context of COVID-19 pandemic, harm reduction strategies are rightly being deemed life-sustaining and essential; there is an emerging consensus among policymakers that we must expand their deployment in responding to this pandemic. But the existing spectrum of harm reduction measures is artificially limited. Even with their successes, many communities continue to face crisis levels of overdose fatalities, along with the collateral consequences of substance use, including infectious disease transmission, heart problems, and suicide. COVID-19 threatens to compound this ongoing crisis, making the imperative for extraordinary measures that much more urgent.

Do you support or oppose overdose prevention sites as a tool that state and local governments may use to reduce overdoses in their cities/states?



Despite Overwhelming Evidence of Effectiveness, Supervised Consumption Has Not Been Used In The United States

Advocates have long urged the United States to adopt overdose prevention sites, a harm reduction measure designed for supervised consumption of pre-obtained drugs in a safe environment. In over 30 years of international experience, overdose prevention sites have saved lives and improved other public health outcomes, without increasing crime or drug use. In the most robust analysis to date, a Vancouver study demonstrated a 35% reduction in fatal overdoses in the area surrounding the site. Supervised consumption can also decrease the use of emergency medical services, reduce public drug use and syringe debris, reduce HIV transmission, and increase linkages to treatment, housing, and other health and social support services. Despite concerns that overdose prevention facilities could increase crime, the research base squarely refutes this theory.

Studies have also found that people who are unstably housed and homeless actively utilize overdose prevention sites to prevent involvement in the criminal legal system. Correctional settings fail to provide meaningful rehabilitation or treatment and, in many cases trigger a cycle of homelessness, unemployment, and risk of fatal overdose.

Yet despite their proven benefits, there are zero legally-sanctioned overdose prevention sites operating in the United States. This is primarily because of local, state, and federal laws that some—including federal prosecutors—have interpreted to prohibit supervised consumption. Even as jurisdictions have taken sensible policy measures to allow overdose prevention sites in response to the overdose crisis, law enforcement and other government actors have made concerted efforts to block them.

In 2018, New York City announced a plan to create four overdose prevention sites, but inaction by the state health department and concerns about federal law enforcement prevented the City from moving forward. In late 2018, the California legislature passed a bill authorizing the City of San Francisco to operate a pilot overdose prevention site, but Governor Jerry Brown vetoed the measure. That same year, Seattle's City Council allocated funding for supervised consumption, but so far organized opposition and threats from federal prosecutors have successfully blocked attempts to create it. Local officials in Denver, Boston and Burlington, Vermont, have also shown varying degrees of public support for supervised consumption without actual execution.

In early 2018, the City of Philadelphia's plan to support supervised consumption sparked federal litigation and led to a landmark court ruling. After the city and the nonprofit organization Safehouse announced an authorized overdose prevention site, the U.S. Attorney in Philadelphia sued to block it, arguing that supervised consumption violates the Controlled Substances Act, in particular the provision that prohibits "opening or maintaining any space for the purpose of manufacturing, distributing or using controlled substances, with a penalty of up to 20 years in prison." In October 2019, a federal district judge rejected the prosecutor's arguments and ruled in favor of Safehouse, explaining that "the ultimate goal of Safehouse's proposed operation is to reduce drug use, not facilitate it." The case is now on appeal, but its rationale may have far-reaching consequences for other jurisdictions and for U.S. drug policy more broadly, as well as for the social stigma surrounding use. Codified in law, stigma continues to be a formidable barrier; safehouse planned to open its site after the ruling, but the site's property owner revoked the lease in response to community backlash.

Why Now: The Role of Overdose Prevention Sites in COVID-19 Response

While supervised consumption has been stalled or outright rejected in the United States, fatal drug overdose rates remain high--and rising in many jurisdictions. The coronavirus pandemic will only compound desperation in an already dire situation. Considering these overlapping public health emergencies, overdose prevention sites should be a core element of the coronavirus response.

Overdose prevention sites have always been designed with the dual purpose of reducing fatal overdose risk, while also preventing the spread of infectious disease. People who use drugs face a grave health risk if they become infected with the coronavirus. Higher prevalence of HIV, hepatitis C, and other infections are more prevalent among people who inject drugs, as are autoimmune and respiratory challenges. People who use drugs also face elevated stress and trauma caused by a history of incarceration, racism, and homelessness. Many remain subject to policies that require them to interact closely with disciplinary systems, including conditions of probation and parole, as well as punitive treatment systems—as with methadone treatment, which in many settings still requires daily office visits. These requirements make it difficult to practice social distancing and take other COVID-19 prevention measures.

Drug use is often a communal activity and people who use drugs rely on their peers for support on a number of levels. In addition to being psychologically taxing, isolation confers a direct risk of overdose death. To prevent overdoses from turning fatal, harm reduction advocates use the mantra "don't use alone." In the era of social distancing, people who use drugs must

navigate difficult trade-offs between relying on social networks that provide lifesaving help and access to resources on the one hand, maintaining physical distance to prevent infection on the other. Early signs suggest that the coronavirus crisis and its preventive strategies may cause an increase in fatal overdoses.

With the coronavirus crisis, hospital resources are stretched thin to the point where they are making triage decisions on access to life-sustaining equipment. Ambulances may lag in response time to overdoses and people who use drugs may experience even higher rates of and more blatant discrimination in hospital settings.

Overdose prevention sites can directly mitigate these challenges, figuring as an integral part of coronavirus prevention because they can:

1. **Prevent fatal overdoses** at a time when overdose rates are likely to increase because of economic and social conditions
2. **Preserve first responder capacity** by limiting emergency overdose calls
3. **Preserve hospital capacity** by reducing hospitalizations related to overdoses
4. **Prevent the spread of coronavirus through injection equipment**
5. **Prevent the spread of coronavirus through unsafe spaces** where people may be forced to inject in close quarters
6. **Provide early detection of coronavirus through testing** of vulnerable high-risk individuals
7. **Provide vulnerable individuals** with resources, education, and referrals to housing and other services that can help improve prevention and facilitate social distancing

Our polling found that voters of both parties prefer sites that have these capabilities to provide comprehensive care: 58% of voters overall, and 60% of Republicans, prefer setting up overdose prevention sites as part of already existing health care systems and hospital networks.

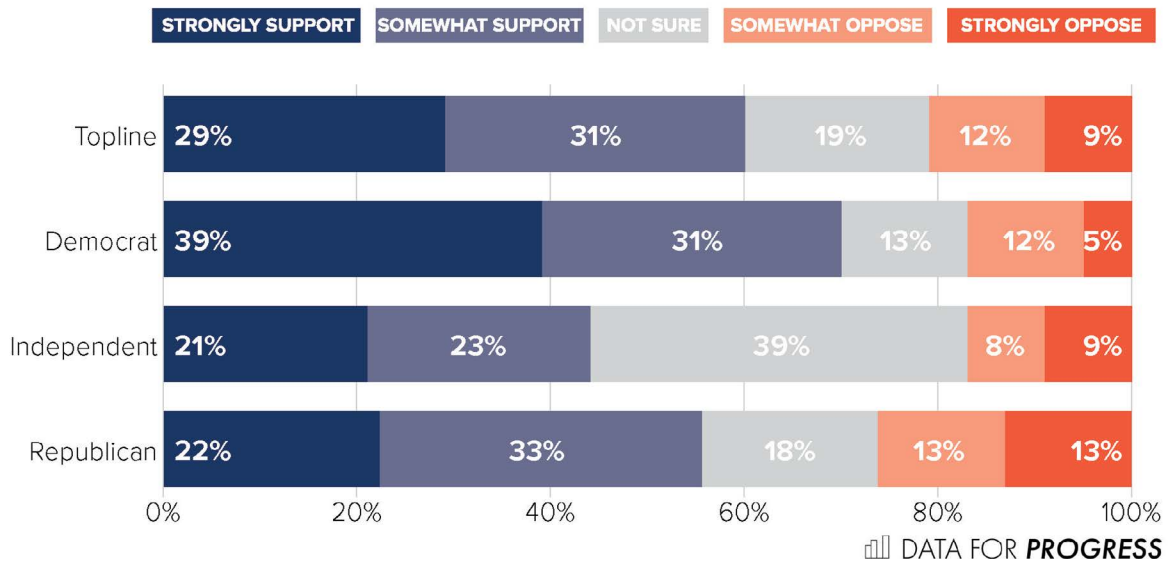
In many ways, supervised consumption, when combined with medical services, overlaps with and furthers many of the policies to slow the spread of coronavirus that public officials across the country have already embraced, including reducing arrests, reducing jail populations, protecting homeless populations to reduce infections, and preserving scarce medical resources. Overdose prevention sites accomplish all this.

Moving Forward

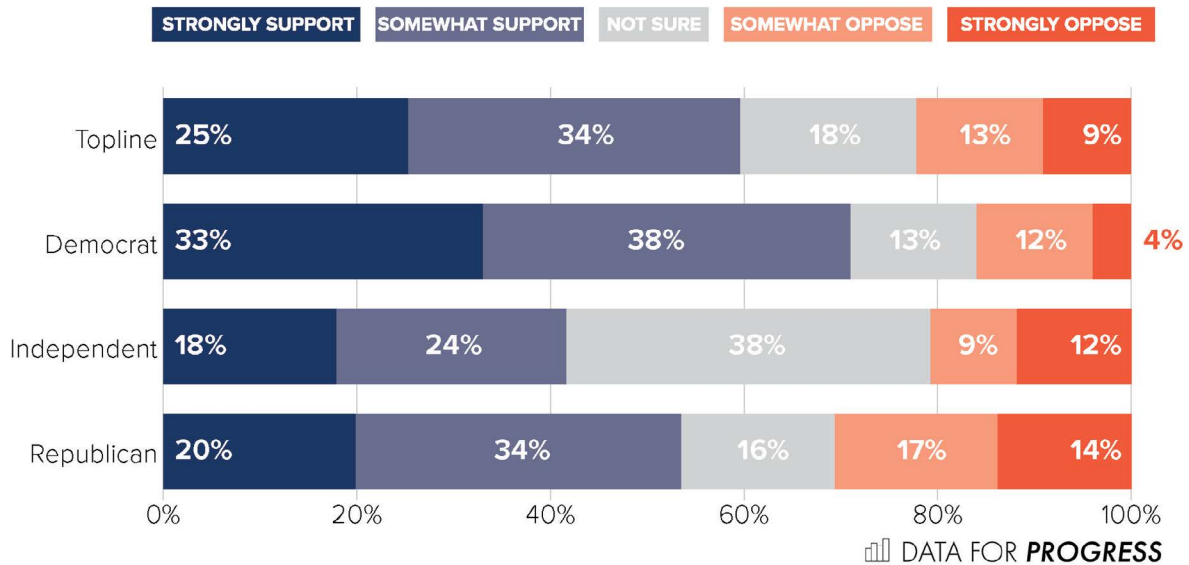
During this pandemic, we have seen unprecedented changes to long-held drug policies, including the regulation of opioid substitution therapies. In the United States, methadone has historically been highly regulated by the federal government. Upon entering a program, methadone patients must receive a dose at a physical site each day and undergo regular drug tests. Only after becoming established may a person receive take-home doses, and each program has the discretion to grant such privileges. In January 2020, in response to the coronavirus crisis, the federal government loosened regulations on methadone programs to allow for 28-day take-home doses. Furthermore, the Drug Enforcement Agency has allowed for prescribing buprenorphine without an initial in-person evaluation.

Our polling shows that voters of both parties strongly support these policy changes:

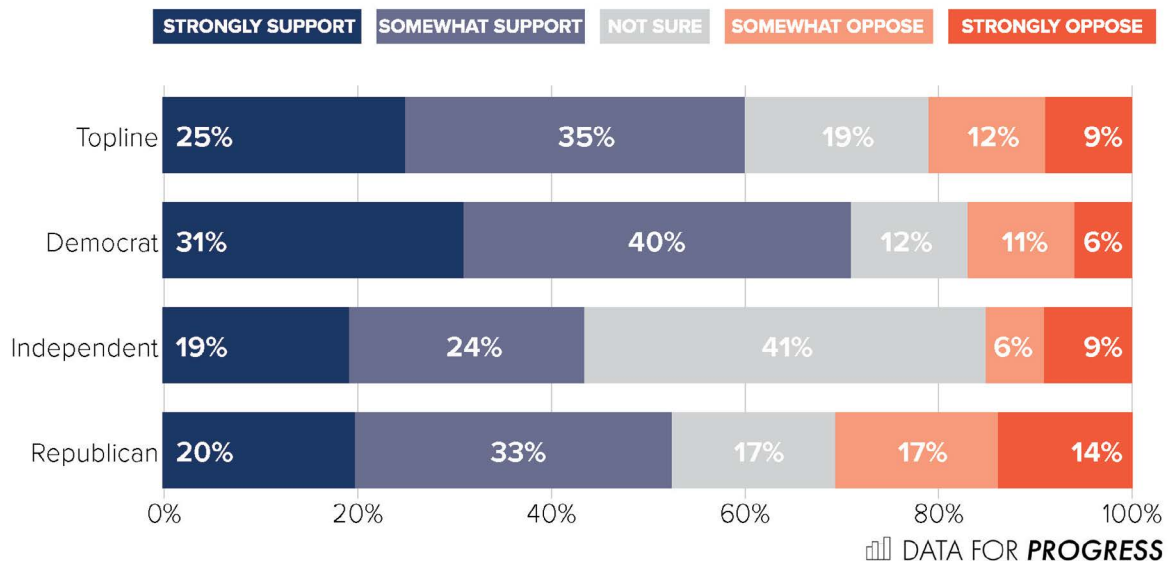
Do you support or oppose naloxone training, a drug that is used in emergency situations to reverse overdoses?



Do you support or oppose allowing states to provide recently released people with a 28-day supply of medication used in an opioid treatment program?



Do you support or oppose expanding state medicaid programs to include methadone treatment, which is used to help many deal with narcotic addiction?



The coronavirus crisis also provides a critical opportunity to deploy proven interventions like overdose prevention sites to address the spread of infectious disease and reduce overdose deaths. Especially during this pandemic, such sites constitute an essential point of access to care for people who use drugs, with extensive collateral public health benefits to the community as a whole. This is the time to eliminate unnecessary barriers to these lifesaving services, both in the U.S. and around the world.

METHODOLOGY

From April 25, 2020 to April 26th 2020, Data for Progress conducted a survey of 1741 likely voters nationally using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, urbanicity, race, and voting history. The survey was conducted in English. The margin of error is ± 2.4 percent.