

With the ongoing opioid and overdose crisis, it's crucial to consider all evidence-based options that are proven effective. Public health practice indicates the most effective way to address a health concern, including overdoses, is to ensure a comprehensive set of strategies to meet the needs of those most impacted by the health concern. Vermont's harm reduction strategies continue to evolve as new evidence-based practices are identified and as the drug use landscape continues to change. It is important to note that there is no single solution to this complex and ever-changing issue.

This document provides information about overdose prevention centers considering recent discussions in Vermont around their implementation in our communities. The information provided is based on peer-reviewed research, Vermont data, and links to primary resources.

Key Points:

- Between 2013 and 2022 the number of accidental and undetermined fatal drug overdoses among Vermont residents has increased more than 200%.
- Fatal overdoses most often occur when people use drugs alone. Overdose prevention centers reduce risks associated with using drugs while alone.
- Local assessment, capacity building, and planning to grow community buy-in and support is essential.

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What are overdose prevention centers?

- Most often, these facilities are designed to be spaces where people can use pre-obtained drugs, with sterile supplies, in the presence of staff available to respond if there is an overdose or other adverse drug reaction.
- In addition to the essential service of supervised use of drugs, the services offered at these facilities vary widely and can range from providing an unsanctioned safe space for people to use substances, to sites that include low-barrier housing that incorporates primary and mental health care, connections to other services, and in Canada, some sites [provide prescribed medication](#) as an alternative to the illicit drug supply.
- These facilities can be designed for only one method of drug use, such as injection, or they can be designed for multiple methods of consumption such as smoking or inhalation.
- They can be located in fixed sites (in a building), in mobile sites (vans, buses, RVs), or temporary sites.
- Not all centers or sites offer the same services.

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What are the different terms used to describe these centers?

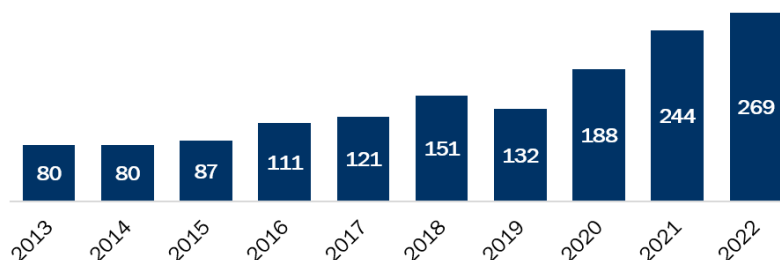
- Many different terms may be used when we talk about places where people can use pre-obtained drugs with people available to respond if there is an overdose.
- Some of these terms are:
 - Safe consumption site,
 - Overdose prevention site,
 - Overdose prevention center,
 - Drug consumption room,
 - Supervised consumption site,
 - Supervised consumption service,
 - Safe injection facility,
 - Supervised injection facility,
 - Harm reduction center, and
 - Enhanced harm reduction service.

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What is the purpose of overdose prevention centers?

- Overdose prevention centers provide a safe space for people to use pre-obtained drugs so that if they experience an overdose, life-saving interventions can be administered.
- To date, there have been no overdose deaths at overdose prevention centers.
- In Vermont the number of people who have died from drug overdoses has [increased more than 200%](#) between 2013 and 2022.

The total number of accidental and undetermined fatal drug overdoses among Vermont residents has increased more than 200% between 2013 and 2022



- Data in the [2023 Vermont Social Autopsy report](#) show that people who are dying from an overdose are more likely to be using drugs at a home and are often using drugs alone.
- Many people who died of an overdose were alone, with 41% of the people who died of an overdose in 2021 having no witness to the drug use and no bystander present at the overdose.
- Most people died at either their home or a friend's home (61%). [Return to table of contents](#)

What services do overdose prevention centers offer?

- Overdose prevention centers, and similar sites or centers, can offer a wide range of services. The essential component they all share is a safer space for people to use pre-obtained drugs with someone to intervene if there is an overdose to prevent people from dying.
- [Overdose prevention centers in New York City](#) offer food, showers, bathrooms, laundry, syringe exchange, safer drug use supplies, harm reduction education, HIV and Hepatitis C testing, wound care, medication assisted treatment (this is also known as MAT or medication for opioid use disorder, MOUD), medical assessment, linkage to substance use disorder treatment programs, counseling, and case managers to assist with mental health services, and navigating supports such as nutritional or housing supports.
- In addition to a space for drug consumption, [the center scheduled to open in the summer of 2024 in Rhode Island](#) plans to offer food, water, hygiene products, safe use supplies, naloxone, case management, HIV and Hepatitis C testing and linkage to care, peer recovery coaching, support groups, laundry, showers, and medical personnel (providers, nurses, counselors) to provide access to treatment services.
- People may not elect to or be able to use overdose prevention centers each time they use substances.
- Overdose prevention centers need to work with the surrounding community to understand what services the community needs. [Return to table of contents](#)

How are overdose prevention centers initially set up?

- The best way to implement a center is to complete a study involving the community it will serve, which can also address equity concerns. These studies use information from the community to understand where an overdose prevention center could be located, what services might be offered, and what partnerships are needed in the community for the center to be successful.
- Stakeholder involvement in the planning process of developing an overdose prevention center is an integral step. Stakeholders can be people who use drugs, residents of the community, business owners, law enforcement, emergency services, politicians or others who develop policy and legislation, departments of health, local healthcare systems, zoning boards, landlords, insurers, and local/state/territorial/federal government, among others.
- Inclusion of people who use drugs in planning is essential and increases the likelihood of people using these centers. These studies inform how overdose prevention centers can meet the needs of the community. This can take some time to do but it is an important step.
- Feasibility studies have been conducted in [New York City](#) and [Massachusetts](#).
- Canada has an extensive [application process](#) for applying to run a supervised consumption site in their country.
- With 2 current sanctioned centers in the U.S. and 46 in Canada, it is possible to learn from the successes and challenges of existing operations. [Return to table of contents](#)

What has been the impact of overdose prevention centers?

- Because of the varying services offered at overdose prevention centers and other similar sites or centers, the impact of each center or site can be different in each community. Citing multiple sources, the [National Institute on Drug Abuse says](#):
 - *Overdose prevention centers have operated for years in countries outside the United States. Evidence from more than 20 years of overdose prevention center operations in other countries indicate that no one has died of a drug overdose while at an overdose prevention center.^{2,3,4} However, it is unclear whether such facilities reduce overdose death rates overall. Additional research finds that these facilities are associated with reduced public drug use⁵ and lower demand on local healthcare and emergency response services^{6,7} without an increase of crime.⁸ Studies also suggest that overdose prevention centers are associated with increased access to substance use disorder treatment.⁴ (NIDA. 2023, August 28. Overdose Prevention Centers. Retrieved from <https://nida.nih.gov/research-topics/overdose-prevention-centers> on 2024, March 29.)*
- To understand the impact of the overdose prevention centers in New York City and Rhode Island these centers are [being studied](#) by a team of researchers from New York University Langone Health and Brown University School of Public Health. This research study is funded by the National Institute on Drug Abuse ([NIDA](#)), which is part of the National Institutes of Health ([NIH](#)) and the U.S. Department of Health and Human Services ([HHS](#)).
- Some [examples of the ways that researchers can measure the impact of overdose prevention centers](#) include: overdose emergency department visits, hospitalization rates, death rates, crime rates, number of overdoses, number of overdoses reversed, number of drug consumption events, rates of public drug use, utilization of emergency medical services, number of people referred to treatment or other services, number of people who accessed treatment or other services, number of people who use the centers who are then hospitalized for injection-related skin infection, and rate of injection-related infectious diseases.
- Overdose prevention centers can provide essential harm reduction services to the people who use them. Studies of overdose prevention centers highlight benefits that are not easily measurable: creating a sense of community, building trust between people who use drugs and staff, reducing stigma and shame, humanizing people through providing essential services (food, clothing, showers, laundry), allowing for increased agency, allowing for a sense of safety, and improving self-esteem and self-worth which can motivate people to pursue treatment.
- Studies report no consistent impact on community fatality rates, as the studies cannot control for the lethality of the drug supply and the combinations of drugs being used by clients.
- The Canadian government tracks data related to their country in a data dashboard: [Supervised consumption sites: Dashboard — Canada.ca](#). As of 3/26/24 their statistics show that between January 2017 and October 2023 there have been:
 - Over 4 million total visits (4,480,823)
 - 389,843 unique clients
 - 52,997 non-fatal overdoses
 - 0 Fatal overdoses
 - 424,305 total referrals
- There is limited research about overdose prevention centers in rural settings.

What about overdose prevention centers in Vermont?

- According to the [2023 Vermont Social Autopsy report](#), people who are dying from an overdose are more likely to be using at a home and often alone.
- To reach the most vulnerable and most impacted, health messaging and community work to reduce [stigma](#) and [provide harm reduction information](#) are essential so that people are more comfortable seeking any type of assistance for their substance use. This help can be from harm reduction organizations, overdose prevention centers, or organizations further along the continuum of care such as recovery or treatment providers.
- Overdose prevention center research highlights the importance of doing local assessment, capacity building and planning to grow community buy-in and support, ensure the community needs are identified and met, and identify and address barriers to using services.
- In a rural state like Vermont we have seen how many barriers there can be to accessing services. Barriers can include (but are not limited to) hours of operation, transportation, comfort and levels of trust, safety concerns of the community, expectation of privacy and safety, and the ability to recruit and retain staff.
- Availability of workforce in the substance use system of care is currently a significant issue in Vermont and has impacted the viability of programs and the accessibility of services.

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What trends are we seeing in drugs in Vermont?

- Fentanyl is the primary opioid involved in [fatal opioid overdoses](#) but the Health Department has been seeing increased involvement of xylazine and gabapentin.
- Substances such as xylazine, gabapentin, and other non-opioid drugs cannot be detected with fentanyl test strips. Xylazine test strips exist but are a separate test from the fentanyl test strip ([click here for information on availability](#)). Narcan® (naloxone), a medicine that can reverse an opioid overdose, does not reverse the impact of these non-opioid substances in an overdose emergency. This can mean a higher risk of death.
- The increased number of opioid overdose deaths in which non-opioid drugs such as xylazine and gabapentin are present highlights the importance of following the “What should you do during an opioid overdose?” guidance on [KnowODVT.com](#).
- If an overdose is suspected, call 9-1-1, give naloxone, and start rescue breathing. If non-opioid drugs are involved, naloxone alone may not be effective and additional medical assessment will be needed.
- Over the last decade, most accidental and undetermined manner drug overdose deaths among Vermont residents involved opioids. Of the 1,462 drug overdose deaths that occurred from 2013 to 2022 among Vermonters, [181 did not involve opioids](#) (12%).
- [2023](#) and [2022 Vermont Social Autopsy report data](#) indicate that intravenous drug use (administering drugs into a vein) is a risk factor for death by overdose. Scene evidence suggests that the most common methods of use among Vermonters who died from drug overdose is changing. In 2019 the most common methods of use were intravenous (51%), snorting (24%), ingestion (22%), and smoking (15%). In 2020, the most common methods of use were intravenous (41%), smoking (19%), and snorting (17%). In 2021, the most common methods of use were intravenous (37%), smoking (29%), and snorting (20%).

- Anecdotal reports about wounds related to the use of drugs have been made to the Health Department, but we do not have specific numbers to report at this time. We know these wounds can be related to xylazine use.
- The Health Department has also seen a significant increase in the number of new cases in Vermont in 2023 of [invasive group A strep in Vermont in 2023](#). The most common risk factors were having chronic wounds, using injectable drugs, and having hepatitis C.

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What resources already exist in Vermont?

- [Syringe Services Programs \(SSP\)](#) are effective community-based programs that can prevent infectious diseases, link clients to treatment for substance use disorders, and can reduce overdose deaths among people who use drugs. They do not increase illegal drug use or crime. SSPs offer free and anonymous services including syringes, supplies, overdose prevention resources, and other support services throughout Vermont. Clients of SSPs are protected from our state's paraphernalia law. There are organizations who provide these services in Vermont utilizing both mobile and fixed SSPs throughout all 14 counties of the state.
- [VT Helplink](#) is a statewide, public resource for finding substance use treatment and recovery services in Vermont. VT Helplink services are free and confidential. There is a statewide network of preferred [treatment providers](#) and [recovery centers](#) in Vermont offering a variety of treatment and recovery services.
- Naloxone (Narcan®) nasal spray can reverse an overdose caused by an opioid drug. In Vermont, naloxone is available for free and distributed through [community organizations](#), such as SSPs and recovery organizations, [emergency medical services \(EMS\)](#), and treatment organizations.
- Fentanyl and xylazine test strips can be used to test drug supplies to determine the presence (not amount) of fentanyl and xylazine. These test strips are available for free through SSPs and other community organizations.
- [Never Use Alone](#) is a free and anonymous (exact location must be provided) service where people who are using drugs alone can call and be monitored for medical emergencies. If the caller becomes unresponsive, emergency medical services are notified to respond.

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Links to more information about overdose prevention centers in the United States and Canada:

- [Overdose Prevention Centers | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)
- A Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse report on Overdose Prevention Centers (<https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>)
- Rhode Island's harm reduction center pilot program [HRCFactSheet-2.14.22 \(ri.gov\)](#)
- [Massachusetts public health officials release latest opioid-related overdose reports: Feasibility report concludes that overdose prevention centers would be effective at reducing overdoses and fatalities Mass.gov](#)
- Information about supervised consumption sites and services in Canada: [Supervised consumption sites and services - Canada.ca](#)
- Information about a mobile supervised consumption service in a Canadian city, Grande Prairie, with a population of approximately 64,000 people: [SCS - Northreach Society](#) [Return to table of contents](#)

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