



Study Assessing the Effectiveness of Overdose
Prevention Centers Through Evaluation Research

A Comparative Overdose Prevention Evaluation in New York City and Rhode Island

**For more
information:**

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Overdose prevention centers are places where people can go to use drugs safely.
They stop overdose deaths.

Overdose prevention centers (OPCs) are places where people can use their own drugs in a safe place. OPCs have health professionals and peers present to respond to overdoses. They also provide health and social services, and coordinate connections to other care. OPCs are a vital harm reduction and public health tool in the overdose crisis. There are over 200 OPCs in Europe, Canada, and Australia. Now, the use of this public health tool is beginning in the United States. Worldwide, OPCs help lower fatal overdose, syringe sharing, and public disorder in the areas around them.

We plan to launch the *first-ever* evaluation of sanctioned overdose prevention centers in the United States. As the first OPCs in the United States, we must understand their impact. This means their impact on the health and safety of people who use drugs and the communities around them. So, we are partnering with community organizers, researchers, and experts in this evaluation. By studying the first US sites, we will generate evidence to inform the implementation of OPCs across the nation.

Open in New York City and legal in Rhode Island

The first two recognized OPCs in the US opened in New York City in November 2021. They are inside syringe service programs (SSPs) and use medical professionals and peers.

In June 2021, The Rhode Island General Assembly passed legislation to allow OPCs. Rhode Island is the first state to create a legal pathway for OPCs. Organizations looking to open an OPC will apply for a license from the Rhode Island Department of Health.

We have a world-class team of experts to lead the design of our study. Dr. Magdalena Cerdá, Professor and Director of the Center for Opioid Epidemiology and Policy at NYU School of Medicine, and Dr. Brandon Marshall, Professor and Director of the People, Place, and Health Collective at Brown University School of Public Health will lead the evaluation.

Drs. Cerdá and Marshall are joined by internationally-renowned harm reduction experts from the NYU School of Medicine, NYC Department of Health and Mental Hygiene, Montefiore Medical Center, Yale University School of Public Health, Brown University School of Public Health, Rhode Island Hospital, RTI International, and the University of British Columbia.



Follow our progress!

We will share our progress with local communities and harm reduction advocates. We will also publish our results for the scientific and public health communities. Members of the CAB will share results with their networks for transparency of this work.

We will get
comprehensive
answers to
essential
questions

What impacts do OPCs have on people's health?

- Do OPCs prevent fatal overdoses?
- Do they reduce transmission of HIV and hepatitis C?
- Do they lower emergency department use?
- Do they increase access to treatment and recovery services?

What impacts do OPCs have on the surrounding community?

- Do they decrease public drug use, arrests, and drug-related crime?
- Do they impact property values, business openings, and local economic activity?
- Do they help offset healthcare and criminal justice costs?

How do people engage with this public health tool?

- How do community and neighborhood responses influence whether people use OPCs?
- What can we learn about OPC program models or operating procedures?
- How does the location of an OPC contribute to these issues?

How will we do this?

A rigorous evaluation held to the highest scientific standards

In this study, we will ask 1,000 people who use OPCs and SSPs—500 in New York City and 500 in Rhode Island—to take part in a cohort study. A cohort study is a type of study that follows people over time. People in the study complete a survey every six months for a year and a half. Our surveys will ask people about their experiences using harm reduction programs like OPCs and SSPs. We will also ask people about their overdose and drug use history, housing status, and other parts of their lives.

Next, we will use neighborhood data to answer our next questions. We can look at changes in public health, safety, and economic development. We can then compare neighborhoods with OPCs to similar areas without OPCs. Third, we will capture the experience of using, working, and living near an OPC. We will do field observations and in-depth interviews with OPC clients, staff, and community members. Lastly, we will estimate OPC costs and potential cost savings to the healthcare and criminal justice systems associated with OPC use, to support future estimation of longer-term cost and health outcomes.

Community voices are at the forefront

Harm reduction must center the voices and experiences of people who use drugs. We also value insights from harm reduction providers, such as those who operate OPCs. We will engage with people who use drugs and their communities in all stages of this research. We will also create a Community Advisory Board (CAB) for study oversight. The CAB includes people who use drugs, local service providers, and community leaders. The CAB will inform study operations, data collection activities, and offer expert knowledge.

A commitment to diversity, equity, and racial justice

Our research is strongest when diverse perspectives are at the table. We value the diversity of our research team, and we are working to create more leadership opportunities for people from historically underrepresented groups. We also acknowledge the harms of racialized and punitive drug policies, which have had catastrophic impacts on Black, Indigenous, and Latinx communities. We will never share our data with law enforcement or other criminal justice entities. We treat people's safety, privacy, and confidentiality with the utmost seriousness. Finally, all study activities will only take place after a thorough ethical review.