



OVERDOSE PREVENTION CENTERS

A GUIDE FOR LEARNING & ACTION

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A few sentences can only begin to express our gratitude to all those involved in this project and with Southside as a whole.

We would first and foremost like to thank Southside participants for all your invaluable insights and allowing us to work alongside you.

Thank you to all of our Southside volunteers who have given their time and energy to keep Southside's services running smoothly.

We would also like to thank all of our sustaining donors and supporters. This support is vital to allowing us to continue to provide needed Harm Reduction services in Minneapolis.



GLOSSARY

OPC

Overdose Prevention Center

PWUD

People Who Use Drugs

Sanctioned

officially permitted

IV

intravenous

SSP

syringe service program

OTHER TERMS FOR OVERDOSE PREVENTION CENTERS

Overdose
Prevention
Sites (OPS)

Safe / Supervised
Use Site (SUS)

Supervised / Safe
Injection Facility
(SIF)

Supervised / Safe
Consumption
Site (SCS)

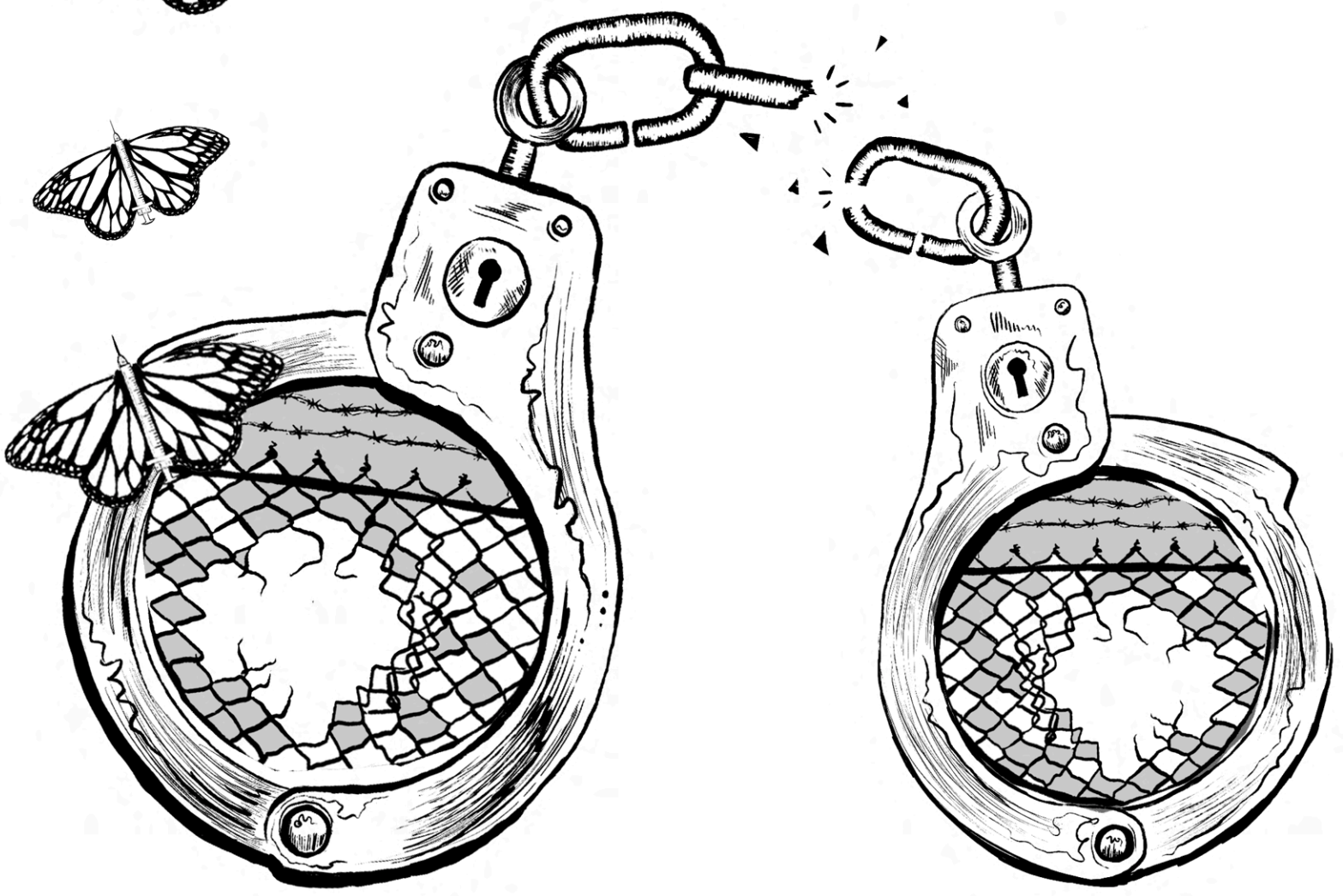
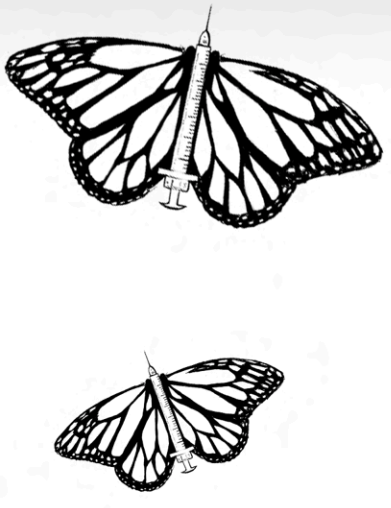
ABOUT THIS GUIDE

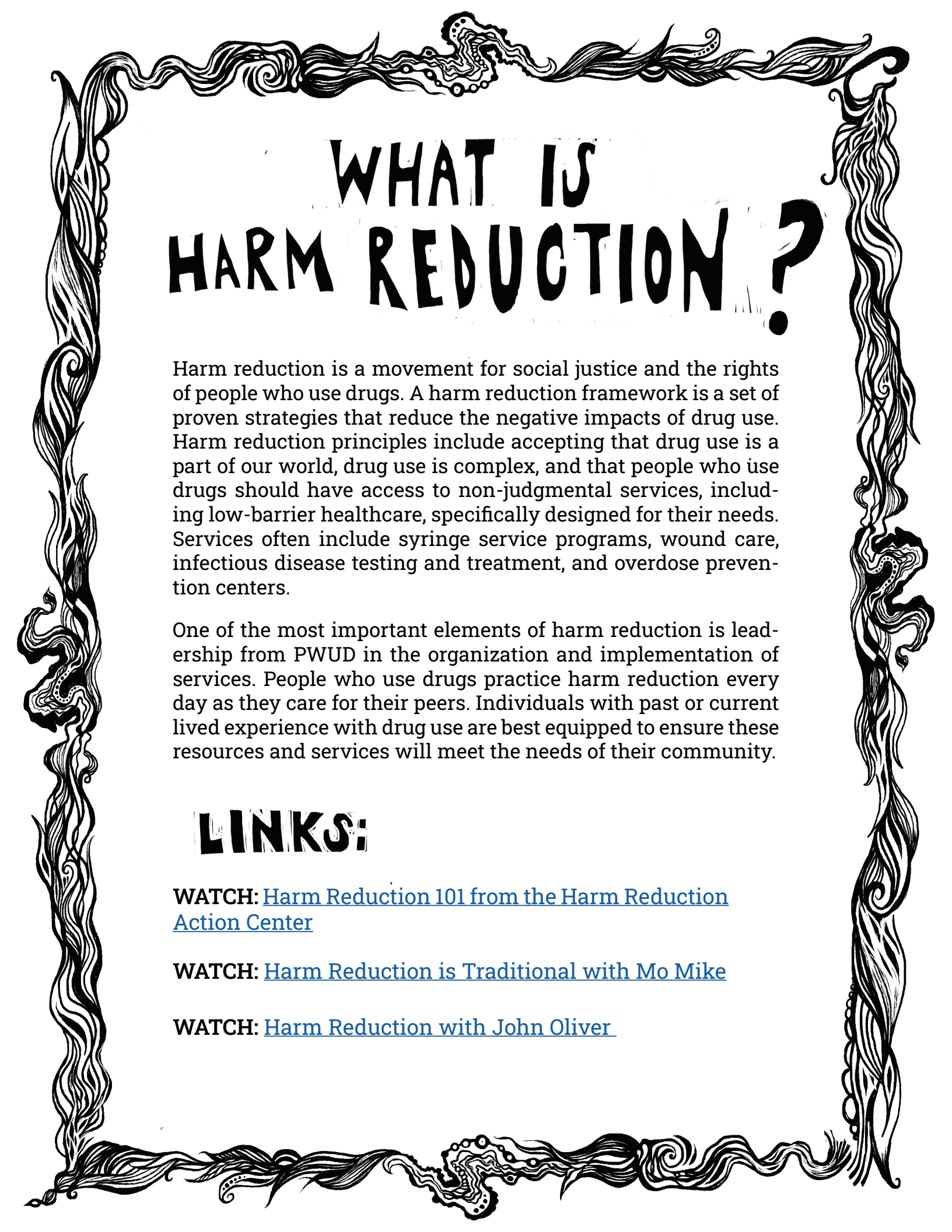
This guide has been written as a comprehensive approach to learning about Overdose Prevention Centers, with a local focus on Minneapolis, MN. It was collaboratively written and edited by volunteers and staff at Southside Harm Reduction Services in 2022. We believe it is our responsibility to educate our communities about successful harm reduction practices. We do this with the hope that this knowledge will be used to inspire deeper understanding and new approaches to community care and to end the war on drugs.

Each section of this guide is accompanied by resources for further learning. These include articles, videos, and episodes of podcasts that vary in length and approach.



HARM REDUCTION & THE DRUG WAR





WHAT IS HARM REDUCTION?

Harm reduction is a movement for social justice and the rights of people who use drugs. A harm reduction framework is a set of proven strategies that reduce the negative impacts of drug use. Harm reduction principles include accepting that drug use is a part of our world, drug use is complex, and that people who use drugs should have access to non-judgmental services, including low-barrier healthcare, specifically designed for their needs. Services often include syringe service programs, wound care, infectious disease testing and treatment, and overdose prevention centers.

One of the most important elements of harm reduction is leadership from PWUD in the organization and implementation of services. People who use drugs practice harm reduction every day as they care for their peers. Individuals with past or current lived experience with drug use are best equipped to ensure these resources and services will meet the needs of their community.

LINKS:

WATCH: [Harm Reduction 101 from the Harm Reduction Action Center](#)

WATCH: [Harm Reduction is Traditional with Mo Mike](#)

WATCH: [Harm Reduction with John Oliver](#)



THE DRUG WAR

Throughout U.S. history, drug criminalization has been used as a means of political control and systemic oppression. It has targeted, destabilized, and harmed communities of color and poor people for well over a century. As we confront the many current drug-related crises we must name the root cause of these issues is not people who use drugs, but rather, predatory and racist drug policies that set people up for failure.

In 1971, President Richard Nixon declared a “war on drugs,” creating mandatory minimums for drug charges which fanned the flames of the drug crises we are experiencing today. Although Nixon made drug policy worse, the 1970s were not the beginning of the drug war in the United States. Drug criminalization had been in effect for well over a hundred years. In the 1870s Chinese immigrants were targeted by the first anti-opium laws, Black men in the South were targeted by the first anti-cocaine laws in the early 1900s, and the first anti-marijuana laws in the 1910s and 1920s targeted Mexican Americans and Mexican migrant workers. The criminalization of these commonplace drugs was not targeting the drugs themselves, but a disguised effort to criminalize the people who use them, and this has not changed.

Today the war on drugs has led to the U.S. having the highest rates of drug-related arrests in the world (1,155,610 in 2020), which disproportionately affects BIPOC at extreme rates. Unregulated drug supplies are more contaminated than ever before, leading to steadily rising overdose rates. Infectious diseases such as Hep C and HIV are spread due to criminalization and lack of access to clean drug use supplies, such as syringes and pipes. This doesn't prevent drug use but rather leads to less safe practices such as needle sharing and the reuse of needles, which can lead to serious wounds and blood infections. Drug criminalization prevents PWUD from accessing the information and care they need, and limits opportunities for healing.

LINKS:

READ: [Drug War Statistics](#)


WATCH: [Liberation for Black Drug Users](#)

WATCH: [What is the Drug War? With Jay Z & Molly Crabapple](#)




CHALLENGING STIGMA

At Southside Harm Reduction Services, we challenge all forms of drug-related stigma. We also acknowledge that many, if not all of us, hold internalized stigma about substance use, and for some, drug-related trauma and stigma are interconnected and complex. We all deserve compassion for the hurt we have been caused by drug-related harm. This is why we challenge the stigma.



Drug-related stigma dehumanizes people who use drugs and creates experiences of social isolation and prejudice. People who use drugs are often denied basic human rights, such as equitable medical care, access to social services, housing, legal support, and employment. Stigma works within and beyond systemic forms of oppression by disrupting interpersonal connections and impacting personal feelings of self-worth.

By challenging stigma, we make space for ourselves as human beings, and begin to meet each other where we're at, as whole and complex people. By challenging stigma, we are also able to shift our attention to systemic oppression, and the systemic failures which make drug use more harmful for everyone.



ACTIONS THAT CHALLENGE DRUG RELATED STIGMA

LANGUAGE:

Stigma is spread through language in ways that we often do not recognize. This gives it the power to spread, unchecked, throughout our collective narratives. Rethinking and practicing new ways of talking about drugs and drug use gives us more agency over ourselves, and makes us more critical of the information around us.

Below is an excerpt from a media language guide, created by Iowa Harm Reduction Coalition . This outlines common stigmatizing words/phrases and offers suggestions of non-stigmatizing replacements.

WORDS TO AVOID:

WORDS TO USE INSTEAD:

Addict, junkie, drug abuser, etc.

Person who uses drugs

Drug abuse/habit/misuse

Drug use, substance use

Suffering from addiction

Person experiencing drug dependence

Clean, dirty (syringes, works)

Sterile/new, used (syringes, works)

Recovering/former/ex-addict

Person in recovery, not actively using

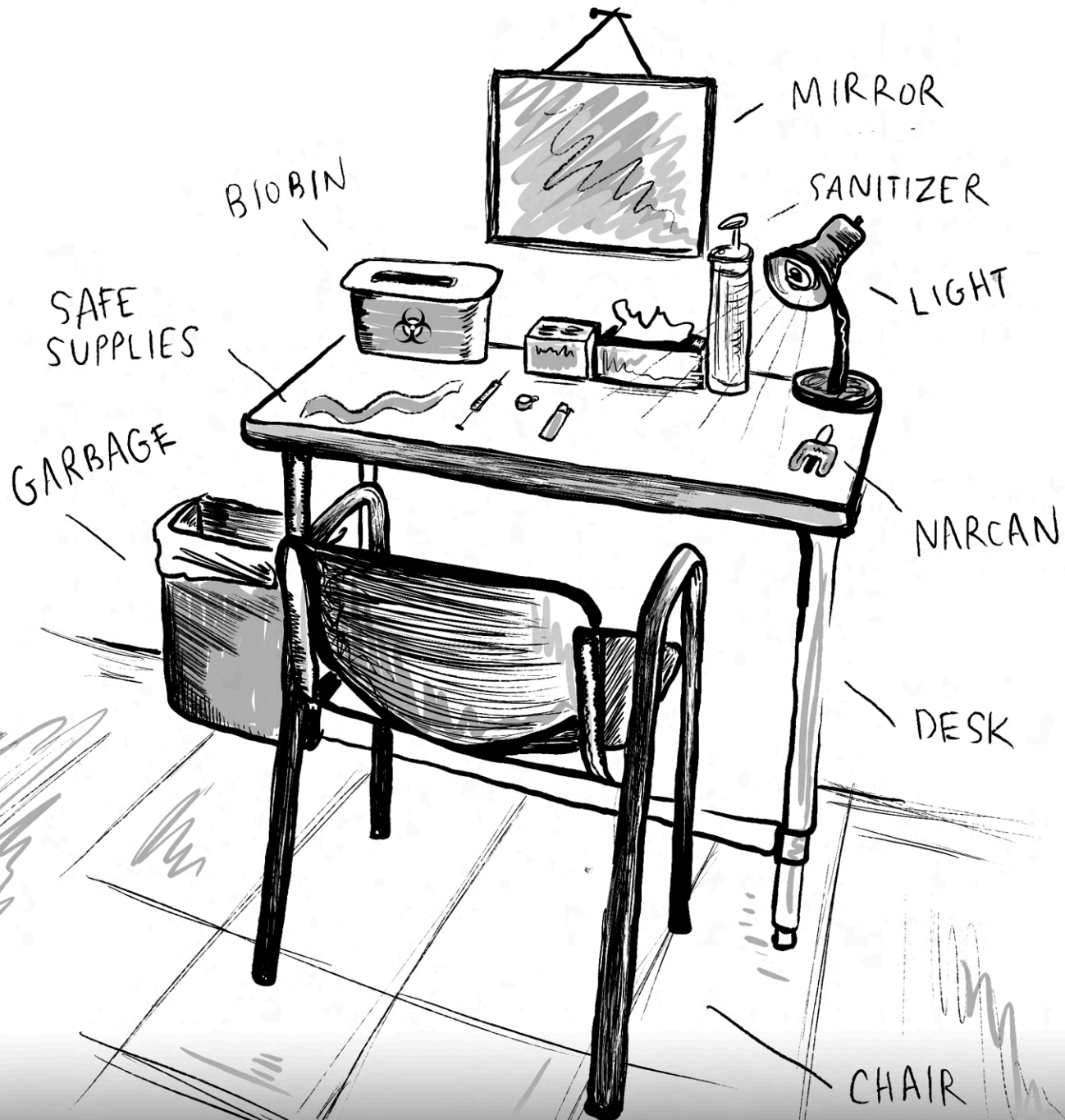
EDUCATION:

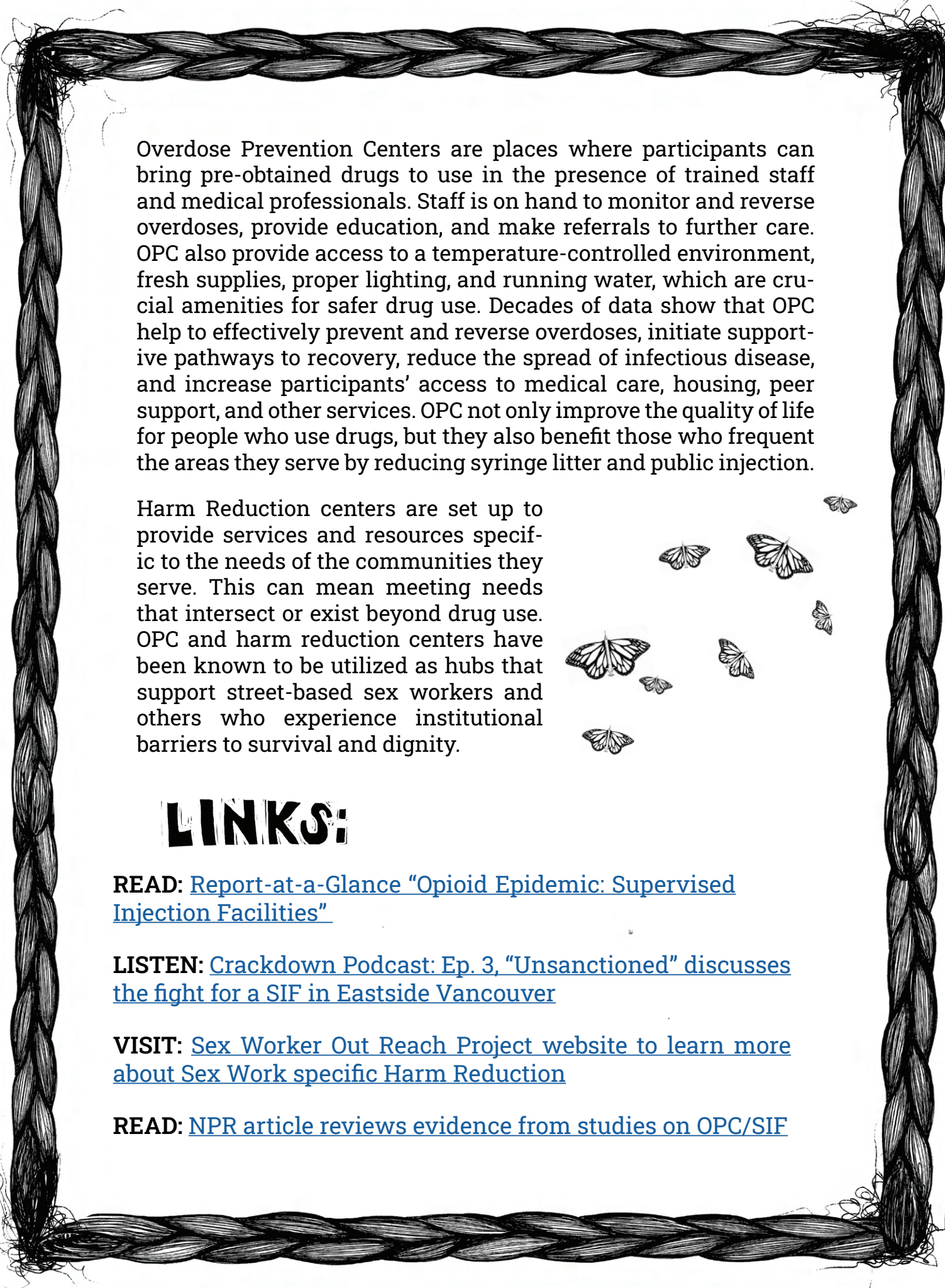
Education is a core component of undoing stigma. Pursuing new perspectives in the vast world of drugs and drug use is a great way to break free of internalized stigma and fear.

INTERPERSONAL DIALOGUE:

Interpersonal and community dialogue is essential, to heal from drug-related sigma, and to create pathways for accountability. Sometimes these conversations can be challenging. They should be approached with care and recognition for each person's relationship to the topic. This sensitivity is especially important when engaging in conversations with individuals who have lived experiences or trauma related to drug use.

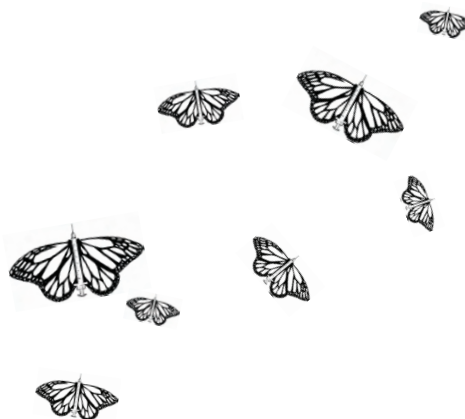
WHAT IS AN OVERDOSE PREVENTION CENTER?





Overdose Prevention Centers are places where participants can bring pre-obtained drugs to use in the presence of trained staff and medical professionals. Staff is on hand to monitor and reverse overdoses, provide education, and make referrals to further care. OPC also provide access to a temperature-controlled environment, fresh supplies, proper lighting, and running water, which are crucial amenities for safer drug use. Decades of data show that OPC help to effectively prevent and reverse overdoses, initiate supportive pathways to recovery, reduce the spread of infectious disease, and increase participants' access to medical care, housing, peer support, and other services. OPC not only improve the quality of life for people who use drugs, but they also benefit those who frequent the areas they serve by reducing syringe litter and public injection.

Harm Reduction centers are set up to provide services and resources specific to the needs of the communities they serve. This can mean meeting needs that intersect or exist beyond drug use. OPC and harm reduction centers have been known to be utilized as hubs that support street-based sex workers and others who experience institutional barriers to survival and dignity.



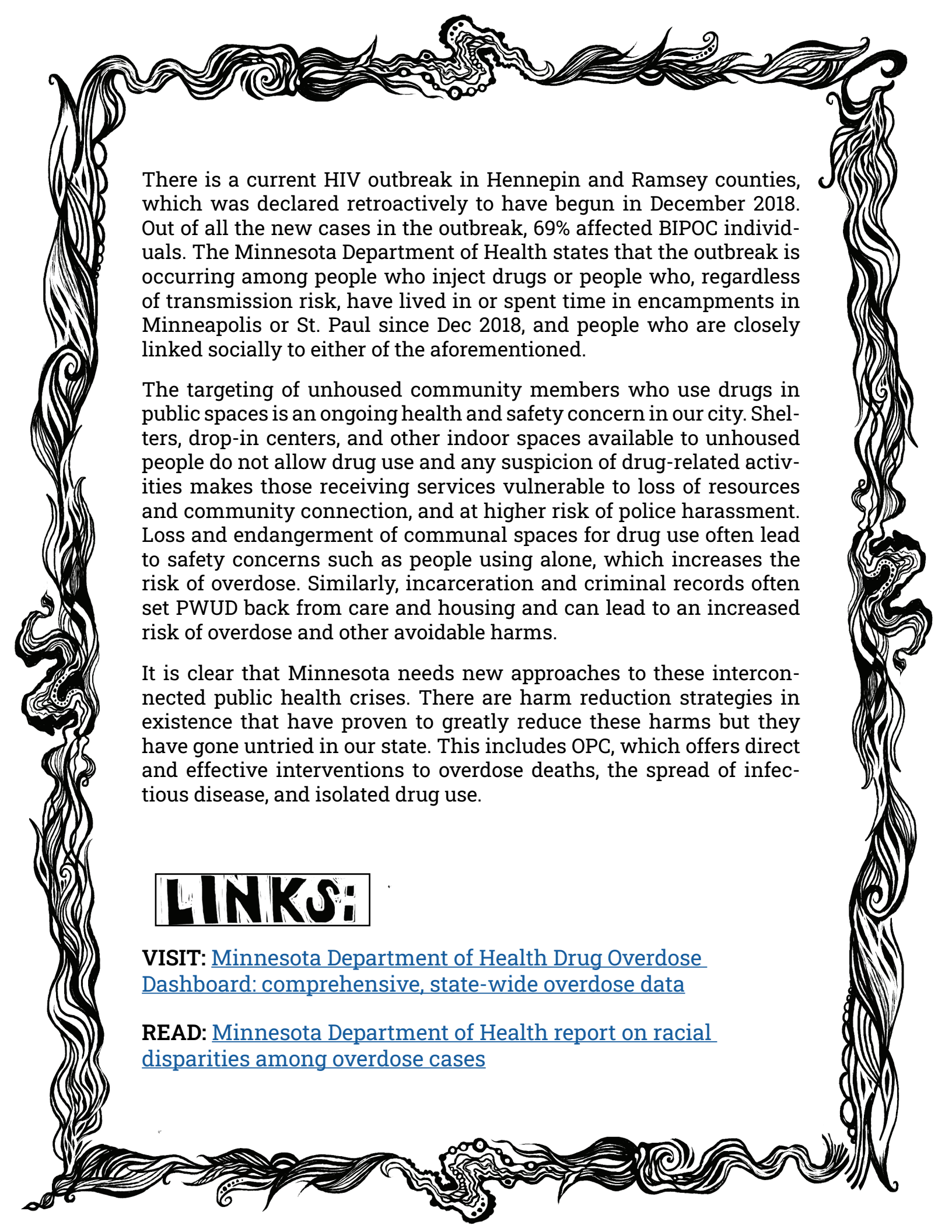
LINKS:

READ: [Report-at-a-Glance "Opioid Epidemic: Supervised Injection Facilities"](#)

LISTEN: [Crackdown Podcast: Ep. 3, "Unsanctioned" discusses the fight for a SIF in Eastside Vancouver](#)

VISIT: [Sex Worker Out Reach Project website to learn more about Sex Work specific Harm Reduction](#)

READ: [NPR article reviews evidence from studies on OPC/SIF](#)



There is a current HIV outbreak in Hennepin and Ramsey counties, which was declared retroactively to have begun in December 2018. Out of all the new cases in the outbreak, 69% affected BIPOC individuals. The Minnesota Department of Health states that the outbreak is occurring among people who inject drugs or people who, regardless of transmission risk, have lived in or spent time in encampments in Minneapolis or St. Paul since Dec 2018, and people who are closely linked socially to either of the aforementioned.

The targeting of unhoused community members who use drugs in public spaces is an ongoing health and safety concern in our city. Shelters, drop-in centers, and other indoor spaces available to unhoused people do not allow drug use and any suspicion of drug-related activities makes those receiving services vulnerable to loss of resources and community connection, and at higher risk of police harassment. Loss and endangerment of communal spaces for drug use often lead to safety concerns such as people using alone, which increases the risk of overdose. Similarly, incarceration and criminal records often set PWUD back from care and housing and can lead to an increased risk of overdose and other avoidable harms.

It is clear that Minnesota needs new approaches to these interconnected public health crises. There are harm reduction strategies in existence that have proven to greatly reduce these harms but they have gone untried in our state. This includes OPC, which offers direct and effective interventions to overdose deaths, the spread of infectious disease, and isolated drug use.

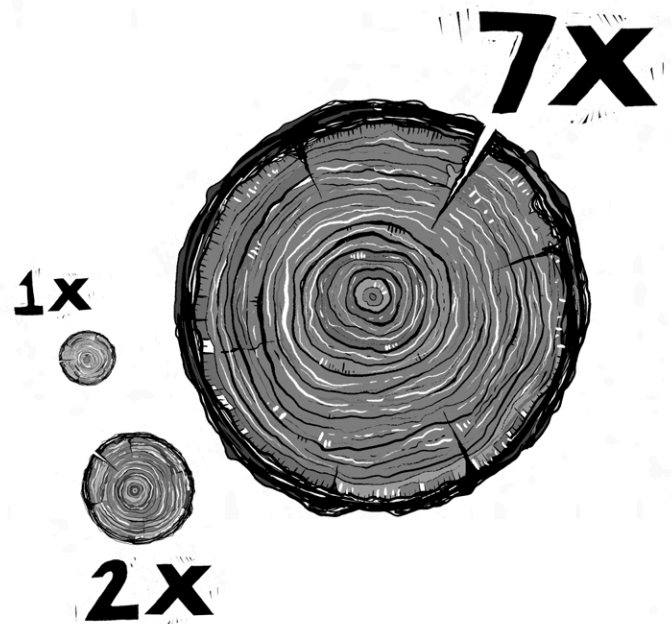
LINKS:

VISIT: [Minnesota Department of Health Drug Overdose Dashboard: comprehensive, state-wide overdose data](#)

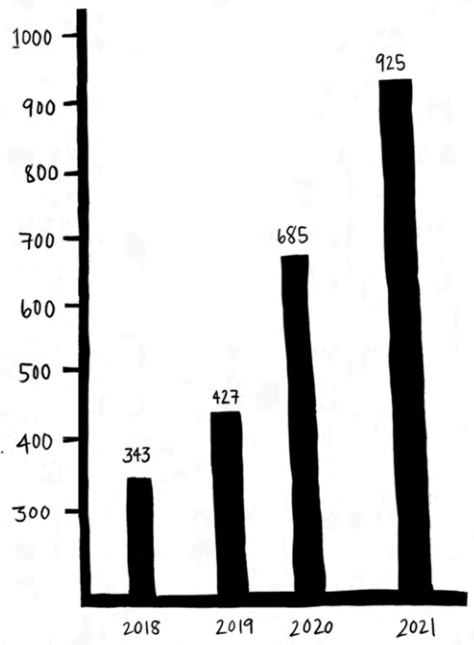
READ: [Minnesota Department of Health report on racial disparities among overdose cases](#)

WHY OVERDOSE PREVENTION CENTERS IN MINNEAPOLIS?

The racial disparities for overdose deaths in our city and state are alarming. Black Minnesotans are **TWICE** as likely to die from an overdose as white Minnesotans, and Native Minnesotans are **SEVEN TIMES** as likely to die from an overdose as white Minnesotans.

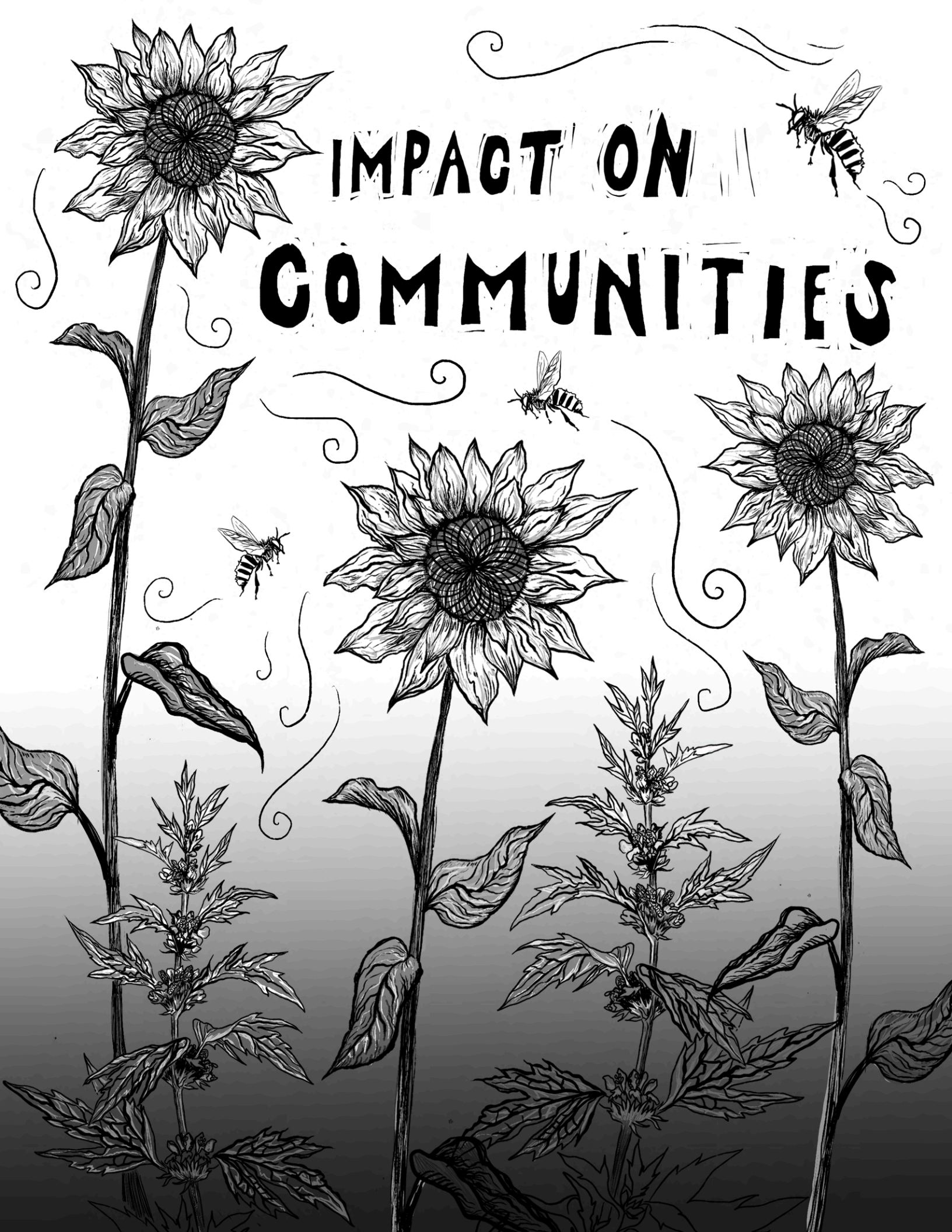


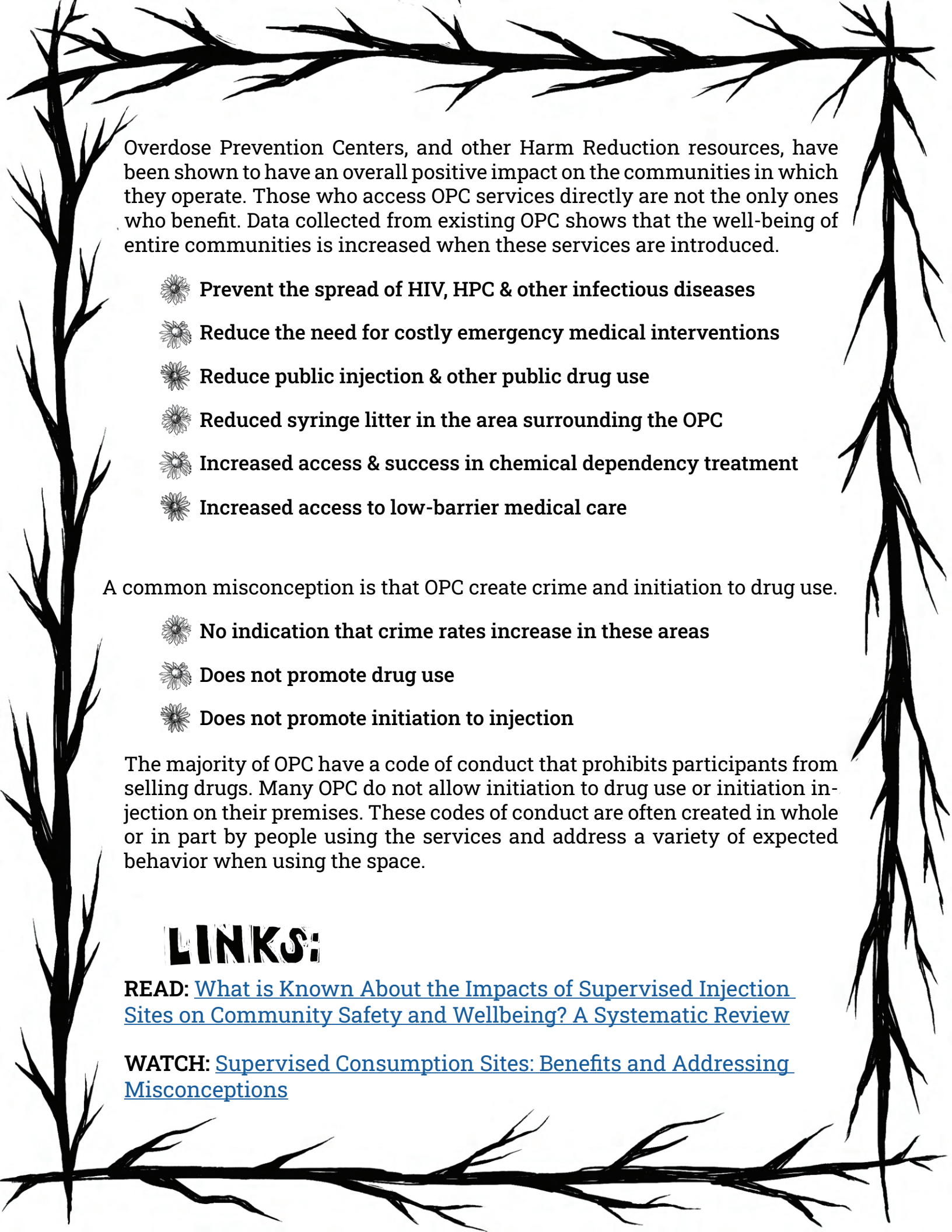
OPIOID OVERDOSE DEATHS IN MINNESOTA



In Minnesota, the number of opioid overdose deaths rose by upwards of 30% between 2019 and 2020 and rose another 35% between 2020 and 2021. 2021 marks the most overdose deaths recorded in one year. This tragic issue is not unique to Minnesota. The number of lives lost to overdose continues to grow throughout the United States.

IMPACT ON COMMUNITIES





Overdose Prevention Centers, and other Harm Reduction resources, have been shown to have an overall positive impact on the communities in which they operate. Those who access OPC services directly are not the only ones who benefit. Data collected from existing OPC shows that the well-being of entire communities is increased when these services are introduced.

- ☼ **Prevent the spread of HIV, HPC & other infectious diseases**
- ☼ **Reduce the need for costly emergency medical interventions**
- ☼ **Reduce public injection & other public drug use**
- ☼ **Reduced syringe litter in the area surrounding the OPC**
- ☼ **Increased access & success in chemical dependency treatment**
- ☼ **Increased access to low-barrier medical care**

A common misconception is that OPC create crime and initiation to drug use.

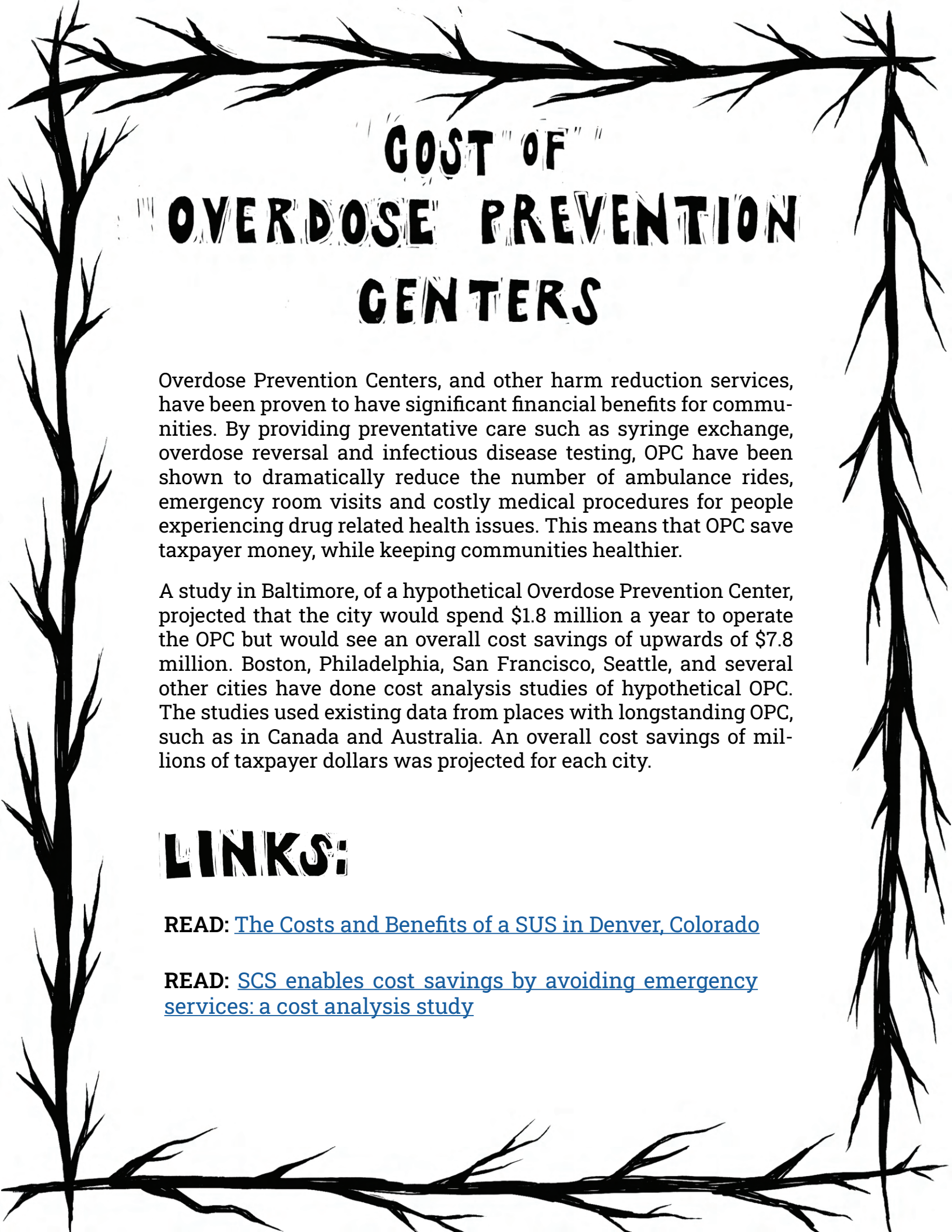
- ☼ **No indication that crime rates increase in these areas**
- ☼ **Does not promote drug use**
- ☼ **Does not promote initiation to injection**

The majority of OPC have a code of conduct that prohibits participants from selling drugs. Many OPC do not allow initiation to drug use or initiation injection on their premises. These codes of conduct are often created in whole or in part by people using the services and address a variety of expected behavior when using the space.

LINKS:

READ: [What is Known About the Impacts of Supervised Injection Sites on Community Safety and Wellbeing? A Systematic Review](#)

WATCH: [Supervised Consumption Sites: Benefits and Addressing Misconceptions](#)



"GOST" OF "OVERDOSE" PREVENTION CENTERS

Overdose Prevention Centers, and other harm reduction services, have been proven to have significant financial benefits for communities. By providing preventative care such as syringe exchange, overdose reversal and infectious disease testing, OPC have been shown to dramatically reduce the number of ambulance rides, emergency room visits and costly medical procedures for people experiencing drug related health issues. This means that OPC save taxpayer money, while keeping communities healthier.

A study in Baltimore, of a hypothetical Overdose Prevention Center, projected that the city would spend \$1.8 million a year to operate the OPC but would see an overall cost savings of upwards of \$7.8 million. Boston, Philadelphia, San Francisco, Seattle, and several other cities have done cost analysis studies of hypothetical OPC. The studies used existing data from places with longstanding OPC, such as in Canada and Australia. An overall cost savings of millions of taxpayer dollars was projected for each city.

LINKS:

READ: [The Costs and Benefits of a SUS in Denver, Colorado](#)

READ: [SCS enables cost savings by avoiding emergency services: a cost analysis study](#)

SUCCESS OF OPC AROUND THE WORLD



Over 120 Overdose Prevention Centers exist legally around the world. Thousands of overdoses have been reversed in these sites and no deaths from have occurred.

UNSANCTIONED SITES

Many functions of safe injection sites have existed since drug criminalization began, as a result of peers and communities looking after each other. There have been, and continue to be, informal and unsanctioned sites across the world.

The majority of successful harm reduction interventions that exist today were started underground, by and for people who use drugs. Syringe exchange (which remains illegal in some U.S. states), has become a public health staple because IV drug users were able to prove its effectiveness in preventing the spread of infectious diseases and reducing other health risks related to needle sharing and scarcity of sterile supplies.

LINKS:

WATCH: [Research on an Unsanctioned SCS in the US](#)

READ: [Evaluation of an Unsanctioned SCS in the United States](#)



WORLD'S 1ST SANCTIONED SITE

The first sanctioned OPC opened in Bern (also spelled Berne), Switzerland in 1986. Urban areas in Europe were seeing explosions in HIV cases, especially among people who use drugs intravenously. Many areas increased outreach and funding for medical therapies, but the barriers to accessing these services made them unsuccessful. Increased access to sterile syringes and supplies was a valuable resource but areas such as Bern saw the need for more. They determined that providing someone with sterile supplies in conjunction with a safe, clean environment to inject their drugs, would be the most effective way to reduce the most harm.

LINKS:

READ: [Article describes how Switzerland came to embrace Harm Reduction and OPC](#)

INSITE

Much can be learned from Insite, North America's first authorized overdose prevention site. Insite opened in Vancouver in 2003 after a local drug user union called VANDU laid the groundwork and fought for its authorization.

According to Vancouver Coastal Health, "There have been more than 3.6 million visits to inject illicit drugs under supervision by nurses at Insite since 2003. There have been 48,798 clinical treatment visits and 6,440 overdose interventions without any deaths".

LINKS:

WATCH: [The Insite Story \(includes footage of IV drug use\)](#)

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OnPoint NYC

New York City opened the United State's first two publicly recognized OPC in November 2021. One medically focused site is located in East Harlem and the other (which is a community focused site) is located in the Washington Heights neighborhood. The sites were opened after the United States had lost 100,000 lives to drug overdose in one year. Elected officials were unable to ignore the lack of low barrier services for people who use drugs. Two well established harm reduction groups, Washington Heights Corner Project and New York Harm Reduction Educators, came together to form OnPoint NYC and run the sites.

LINKS:

READ: [Article brings you inside the E Harlem OPC](#)

LA SALA

Latin America's first overdose prevention site is located in Mexicali, Mexico, and has been open since 2018. It was opened by Integración Social Verter, an organization doing harm reduction health care work in the area since 2013. This OPS was specifically created as a space for women who use drugs. At the time of opening it was the only OPC in Latin America and only one of four OPC specifically serving women who use drugs.

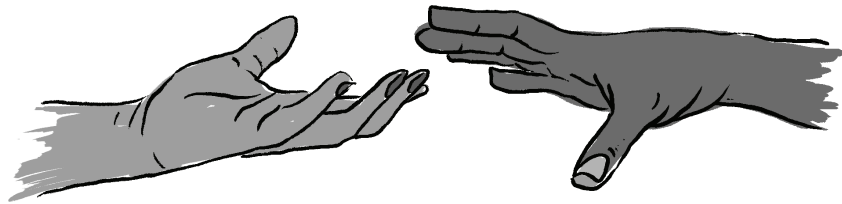
LINKS:

WATCH: [Webinar about La Sala](#)

SAFE HOUSE

Safe House is a privately funded non-profit in Philadelphia, Pennsylvania, that is heading the fight for federal authorization of OPC in the United States. Safe House is currently in a civil federal case that's been in the courts since February 2019.

DRUG USER ORGANIZATIONS



Harm Reduction is a movement for and by people who use drugs. People who use drugs have always been on the front lines fighting for equal access to health care, drug decriminalization, housing access, ending the stigma and countless other battles. Drug user organizations differ in formality and purpose, to include unions, networks, focus groups, schools, care circles, harm reduction groups, and more.

Due to drug criminalization, relationships and community play a significant role in the safety and culture of controlled substance use. People who use drugs take care of one another in many ways, and the knowledge and compassion that comes from these relationships has transcended legal barriers and ignited transformation in health care, human rights, and community organizing around the world.

Drug user groups are responsible for the groundwork, implementation and operation of many of today's OPC. As this movement grows, respect for the leadership and autonomy of people who use drugs is imperative. In many places PWUD are still fighting for a place at the table that they built to make decisions that directly impact their lives.

LINKS:

READ: [Peerology- A guide by and for PWUD on how to get involved](#)

READ: [Drug Users are Forming Unions to Protect Their Rights & Safety](#)

VISIT: The following websites to learn more about drug user groups straight from the source.

[INPUD- International Network for People who Use Drugs](#)

[VANDU- Vancouver Area Network of Drug Users](#)

WATCH: Panel discussions on drug decriminalization and safe supply, which along with the right to authorize OPC are currently being fought for by drug user groups across the world.

[Expert Panel of PWUD: Perspectives on Safer Supply](#)

[Safe Supply and Decrim of Drug Use Panel Talk](#)

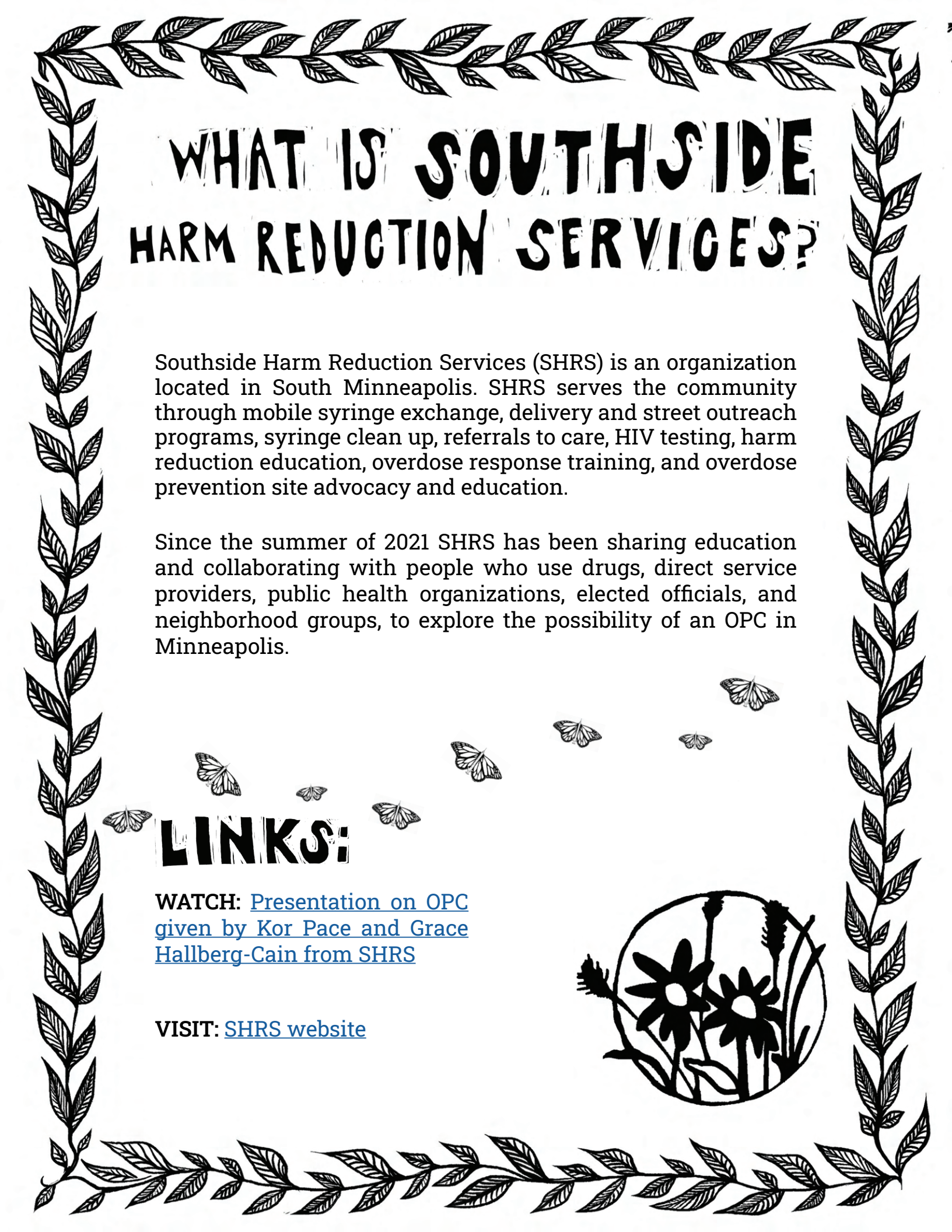
[Drug User Liberation Front Compassion Club](#)

LEGALITY OF OVERDOSE PREVENTION CENTERS

Although New York City has been operating two OPS in the public eye since the fall of 2021, there are still no formally legal OPC in the United States. Currently, federal law, as well as many state and local jurisdictions prohibit these sites. There is no law directly criminalizing OPC but certain necessary actions such as allowing consumption of controlled substances are banned under laws such as the Crack House Statute on the federal level, and similar state laws, such as the Disorderly House Statute, here in Minnesota. These laws prohibit property owners from allowing the use of controlled substances on their premises. Lawyers, policy makers, and public health experts who support OPC, argue that the sites are a proven public health intervention and should be authorized without delay.

In 2019, the Drug Policy Alliance did a study for the “Authorization of Supervised Consumption Sites in Minneapolis and Minnesota.” They found that in Minneapolis, an OPC would face legal barriers on local, state and federal levels. Although, multiple pathways to authorization do exist on each level, with federal authorization as the strongest position and local authorization as the most unstable.





WHAT IS SOUTHSIDE HARM REDUCTION SERVICES?

Southside Harm Reduction Services (SHRS) is an organization located in South Minneapolis. SHRS serves the community through mobile syringe exchange, delivery and street outreach programs, syringe clean up, referrals to care, HIV testing, harm reduction education, overdose response training, and overdose prevention site advocacy and education.

Since the summer of 2021 SHRS has been sharing education and collaborating with people who use drugs, direct service providers, public health organizations, elected officials, and neighborhood groups, to explore the possibility of an OPC in Minneapolis.



LINKS:

WATCH: [Presentation on OPC given by Kor Pace and Grace Hallberg-Gain from SHRS](#)

VISIT: [SHRS website](#)





OVERDOSE PREVENTION CENTER TALKING POINTS

- ❁ Over 120 authorized OPC exist around the world, some since the 1980's, and there has never been a reported overdose death in any of them.
- ❁ OPC reduce syringe litter and public injection by providing effective community based services and support.
- ❁ The existence of an OPC has not shown to increase crime rates or drug use in the area.
- ❁ OPC save lives by providing access to practical low-barrier resources and on site overdose reversal.
- ❁ OPC are developed from a Harm Reduction framework and operate under these principles. They "meet people where they're at" and are run with compassion and non judgment.
- ❁ It is important that People Who Use Drugs be respected as leaders and operators of OPC. PWUD are best equipped to respond to the needs of their own communities.
- ❁ OPC provide access to effective preventative care saving communities millions of dollars each year on emergency health care costs.
- ❁ OPC offer access to a variety of services such as; syringe exchange, infectious disease testing, wound care, mental health support, peer support, education, and connection to housing and treatment.

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