

Subcommittee Draft Recommendation: Overdose Prevention Centers

November 18, 2022

Recommendation Statement

It is recommended to legalize and establish medically supervised overdose prevention centers (OPC) to prevent overdose deaths and drug related harm in the State of New Mexico.

1. The purpose of this proposed recommendation is to:

- a. Reduce and prevent overdose death and decrease opioid use morbidity and mortality in New Mexico.
- b. Provide linkage to care for populations of people using substances who are at risk of future overdose, who have previously experienced overdose, and/or who may be feeling ambivalent about discontinuing substance use.
- c. Decrease the prevalence of medical comorbidities associated with opioid use.
- d. Mitigate health risks for those who are using other substances besides opiates.

2. Rationale for this proposed recommendation:

- a. Opioid use has been a primary driver of premature death in New Mexico for decades. Recent years are no exception. Year over year, fentanyl overdose death rates in New Mexico continue to increase at high percentages– with 2019 showing a 93% increase, and 2020 showing a 129% increase over that (NMDOH, 2021). Of the statewide overdose deaths recorded in 2020, approximately 40% included fentanyl use (NMDOH, 2022).
- b. In 2022, as fentanyl use has steadily replaced heroin and prescription opioids, opioid users nationwide have switched their primary means of opioid consumption from intravenous needle usage to smoking (Kral, et al, 2021). Statewide Harm Reduction Program data gathered by New Mexico Dept. of Health from 2020-2021 showed that clean syringes handed out by harm reduction organizations in New Mexico over the course of 2021 dropped to 6,313,511 from 2020's total of 11,090,384 (NMDOH, 2022), indicating that as the population of People Who Use Drugs (PWUD), once engaged by New Mexico's robust syringe service programming, are at risk of disconnection from behavioral and medical health services as the risk of overdose increases. A study tracking method of opioid usage in San Francisco showed the median number of past-month injections steadily decreased by 85% between the months of January 2018 and January 2020 (Kral, et al, 2021). The persons who reported this drop-in usage also reported an increase in the number of days they smoked fentanyl (Kral, et al, 2021)
- c. The 2020 SAMHSA CBHSQ Report (National Survey on Drug Use and Health) states that in 2020, 14.9% of people aged 12 or older (or 41.1 million people) were classified as needing substance use treatment in the past year. These findings were consistent with

the SUD data. Among people aged 12 or older in 2020 who needed substance use treatment but did not receive treatment at a specialty facility in the past year, 97.5% did not feel that they needed treatment.

- d. OPCs are one possible harm reduction strategy to add to the range of strategies already used within the state of New Mexico to target and treat substance use and prevent overdose death (NIH Report to Congress, 2021) for the population of persons not yet engaged with, or ambivalent about receiving services, but who may still benefit from medical care and treatment. OPCs are a place where persons can consume substances under medical supervision in controlled conditions (NIH Report to Congress, 2021) that help prevent sepsis, abscess, the spread of bloodborne pathogens like HIV and hepatitis, poor birth outcomes, or accidental death from other medical conditions that people with use disorders frequently also suffer from (Lambdin, et al, 2022). Studies also described how OPCs played a role in reducing the visibility of drug use in surrounding communities, which may have benefited both PWUD and other community members. OPC participants described that the privacy provided by OPCs increased their comfort and feelings of dignity. For broader communities, studies described how OPCs reduced the visibility and “nuisance” of public drug use (e.g., exposure to witnessing drug use) (Yoon, et al, 2022). If legalized, OPCs can alleviate some of the crisis that overdose from fentanyl, methamphetamine, and emerging drug threats poses for New Mexican individuals, families, communities, and our healthcare systems.

3. **The data supporting this proposed recommendation:**

- a. **Decreased overdose deaths:** OPCs reverse overdose and prevent deaths. A Vancouver study estimates that for every 1137 users of their site, annually, 1 overdose death is prevented (Sutherland & Kolber, 2017). According to a geospatial analysis of death records, operations in a Vancouver OPC were associated with a 35 percent population-level decrease in the fatal overdose rate within a 500-meter radius perimeter around the InSite (OPC) facility, compared to a 9 percent decrease in the rest of the city (Marshall, et al, 2011). To date, no overdose death has ever been recorded at an overdose prevention facility— all overdoses that happen on-site have been successfully reversed (NIH Report to Congress, 2021).
- b. **Reduced ER usage/ decreased risk of hospitalizations:** OPCs decrease need for emergency hospitalizations and decrease medical costs of persons with opioid use disorder. A study examining the effects of an OPC in the United States on medical comorbidities found that people using the OPC were 27% less likely to visit the emergency department, had 54% fewer emergency department visits, were 32% less likely to be hospitalized, and spent 50% fewer nights in a hospital (Lambdin, et al, 2022).
- c. **Linkage to care:** Critics of OPCs often share concerns that medical supervision of use will prevent or delay substance users from seeking treatment. However, data collected shows the opposite to be true: weekly use of OPCs increase the rates at which persons

enter detox and addiction treatment (NIH Report to Congress, 2022). One study examined the rate of detoxification service use among OPC participants the year before versus the year after the OPC had opened and found a statistically significant increase in the uptake of detoxification services the year after the OPC opened (Wood, et al, 2006).

- d. **Reduces crime in surrounding areas:** OPCs decrease criminal activity related to outdoor drug use. A controlled study spanning ten years found that criminal activity decreased at a statistically significant rate in areas immediately surrounding OPCs. Crime within the randomized control areas in the city remained constant (Davidson, et al, 2021).
- e. **Cost-effectiveness:** OPCs save the state money. Even when solely focused on the reduced needle sharing which results from OPCs, without accounting for other impacts like overdose reversal and treatment linkages, one study found an OPC “to be associated with a net savings of almost \$14 million and 920 life-years gained over 10 years.” (National Institutes of Health, 2021; in reference to Bayoumi & Zaric, 2008).

4. Current statute, rules, regulations, or recently proposed legislation related to this recommendation:

- a. New Mexico: Harm Reduction Act (NMSA 24-2C; 1997, 2021) allowing for the distribution of sterile syringes; Administration of Opioid Antagonists (NMSA 24-23; 2001, 2016, 2017) allowing for the possession, distribution, and use of Opioid Antagonists, including naloxone; Good Samaritan Act for Overdose Prevention (NMSA 30-31-27.1; 2007, 2019) allowing limited immunity when seeking medical assistance for substance overdoses.
- b. **California: 2021-2022 SB-57:** California state bill passed that allows for overdose prevention programs to establish supervised use that is not criminally prosecutable within the physical boundaries of the safe injection site --“ (a) *Notwithstanding any other law, the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland may approve entities within their jurisdictions to establish and operate overdose prevention programs that satisfy the requirements set forth in subdivision (c).*”
- c. **Rhode Island: 2021 -- S 0016 Substitute B:** In July 2021, the governor approved a 2-year pilot program for a legalized supervised injection site within Rhode Island. Under this legislation, individual municipalities will still need to officially approve of supervised injection sites.
- d. **Massachusetts S1272:** Relative to preventing overdose deaths and increasing access to supervised injection sites: “ *Notwithstanding any general or special law to the contrary, there shall be a 10-year pilot program establishing two or more supervised consumption sites that utilize harm reduction tools, including clinical monitoring of the consumption of pre-obtained controlled substances in the presence of trained staff, for the purpose of*

reducing the risks of disease transmission and preventing overdose deaths”.

- e. **New York City 2021:** Mayor DeBlasio gave executive order to open OPCs within the Bronx--and other areas hardest hit by overdose death rates-- in October 2021, without official legalization within NYC city limits.

5. Implementation requirements of this proposed recommendation include:

- a. Addressing the need for improved harm reduction infrastructure, including medical equipment and personnel and training
- b. Framing OPCs as a cost-saving intervention
- c. Community buy-in, including law enforcement, by framing OPCs as a tool to reduce the visibility of drug use in surrounding communities
- d. Developing workforce, including Peer Support Workers, Social Workers, Medical staff
- e. Co-location of health and social services, comprehensive drug checking services
- f. discreet community outreach efforts to ensure equitable access to the site and referrals to health and social services, that support sustainability by raising acceptability within local medical and residential communities
- g. Examination of quantitative and qualitative (i.e., mixed methods) evaluations of operational OPCs could provide more comprehensive evidence on specific geographic and demographic differences in implementation, enabling the adoption of OPCs for different PWUD communities.
- h. Urban attempts at legislating OPCs have used a single facility to pilot and gather data on the strategy. Research on OPCs shows that persons within a mile of the site are most likely to benefit from the services offered (Rich & Braun, 2022). The high population density in urban areas makes this a viable strategy. However, in New Mexico, a decentralized strategy where sites are embedded into multiple places– including mobile sites– that already offer MOUD might be a more efficient strategy (Rich & Braun, 2022).

6. References

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