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The following document provides brief summaries of all studies published between 2024 and 2025 on overdose prevention centers. Many (but not all) of these papers are open access (meaning they can be accessed without a paywall). Any questions or issues should be directed to Abdullah Shihipar abdullah_shihipar@brown.edu.

Scher BD, Chrisinger BW, Humphreys DK, Shorter GW. Exploring drug consumption rooms as 'inclusion health interventions': policy implications for Europe. Harm Reduct J. 2024 Dec 4;21(1):216. doi: 10.1186/s12954-024-01099-3. PMID: 39633358; PMCID: PMC11616241. **Open Access**

- **Background**: This study examined how overdose prevention centers (referred to as drug consumption rooms) foster feelings of inclusion and belonging amongst those who use the sites. The study, a literature review, looked at studies that examined how these sites increase people's feelings of inclusion and belonging. They reviewed 300 articles and found that these sites do this in a variety of ways – therefore, referring to them as sites that are effective inclusive health interventions could give them more credit for the broader social and health benefits they bring.
- **Key Findings:** DCRs foster inclusion and belonging through providing access to housing services, legal aid and employment assistance in addition to the health services they provide. The authors state that by talking about overdose prevention centers as an inclusive health intervention that provides all these services, rather than just a harm reduction intervention - more political support could be gained for these sites.

Famiglietti N, Bratberg J. Take care of the patient: Pharmacists should advocate for overdose prevention centers as harm reduction. J Am Pharm Assoc (2003). 2025 Jan-Feb;65(1):102289. doi: 10.1016/j.japh.2024.102289. Epub 2024 Nov 15. PMID: 39549834. **Open Access**

- **Background:** This is a commentary from pharmacists who argue that pharmacists should advocate for overdose prevention services. Pharmacists, they point out, already engage in harm reduction practices by dispensing naloxone and medication for opioid use disorder.
- **Key Findings:** The authors state that the following can happen once prevention centers are established: refer people to an OPC, improved community access to pharmacies, ambulatory care for infectious disease and treatment for substance use disorders. Pharmacies can also be co-located within an OPC and provide increased access to medications for a variety of reasons by reducing barriers, such as transportation. It also allows pharmacists to provide medication counseling. Such an arrangement will allow pharmacists to develop long term relationships which allow them to address barriers to adherence and any side effects, changes in medication and answer questions patients may have. With all the benefits OPCs have for health and the potential pharmacists have to do good work in those settings, pharmacists should advocate for the opening of OPCs.

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Scheim AI, Bouck Z, Greenwald ZR, Ling V, Hopkins S, Johnson M, Bayoumi A, Gomes T, Werb D. Frequency of supervised consumption service use and acute care utilization in people who inject drugs. Drug Alcohol Depend. 2024 Dec 1;265:112490. doi: 10.1016/j.drugalcdep.2024.112490. Epub 2024 Nov 8. PMID: 39546979. **Open Access**

- **Background:** Previous studies that have looked at acute (emergency) health care utilization amongst people who use an OPC have relied on self reported data & dichotomous categories (yes/no). This study used and linked survey and administrative data to examine the relationship between use of an OPC and acute health care utilization and address gaps in the literature.
- **Key Findings:** This study found that there was no relationship between how often someone used an OPC & acute care utilization. Specifically, use of an OPC was not associated with ED visits, hospitalizations or hospitalizations for injection related infections. The study cohort consisted of 467 participants who each self-reported different levels of OPC use (how often they injected at an OPC in the past month). Acute care utilization was broadly high amongst all groups. The authors suggest that this is because OPCs are not necessarily funded to provide advanced health services (& associated staffing) that would prevent acute care utilization, they recommend building these services up to create a continuum of care for people who use drugs.

Zhu DT, Bajaj SS, Kerr T. Supervised safe consumption sites - lessons and opportunities for North America. Lancet Reg Health Am. 2024 Sep 11;39:100889. doi: 10.1016/j.lana.2024.100889. PMID: 39309537; PMCID: PMC11415865. **Open Access**

- **Background:** This is a commentary that provides lessons and recommendations from the implementation of overdose prevention centers across North America (in the US and Canada). The article identifies several priorities in consideration of the fact that OPCs face many legal & regulatory barriers.
- **Key Findings:** The authors establish 3 priority areas of focus in order to overcome barriers to opening and operating an overdose prevention center. The first is to overcome community opposition to OPCs primarily by engaging the community in education and using trusted messengers. The second is to form legal partnerships; showing the effectiveness of OPCs through studies in lobbying efforts and working to get legal exemptions for OPC pilots. The third is to design low barrier, accessible OPCs; this means connecting OPCs to low barrier services that people who use drugs already use and designing these spaces with the community to make sure these spaces meet their needs.

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Killion JA, Jegede OS, Werb D, Davidson PJ, Smith LR, Gaines T, Graff Zivin J, Zúñiga ML, Pines HA, Garfein RS, Strathdee SA, Rivera Saldana C, Martin NK. Modeling the impact of a supervised consumption site on HIV and HCV transmission among people who inject drugs in three counties in California, USA. Int J Drug Policy. 2024 Oct;132:104557. doi: 10.1016/j.drugpo.2024.104557. Epub 2024 Aug 29. PMID: 39213827. **Open Access**

- **Background:** Overdose prevention centers have been shown to reduce syringe sharing behavior, which is known to reduce the transmission of HIV and HCV. Despite this, these sites have not opened in California. This study modeled the impact opening an OPC would have on HIV and HCV transmission in three counties in California (San Francisco, Los Angeles and San Diego).
- **Key Findings:** The model used three modes of transmission (the sexual and injection transmission of HIV, and the injection transmission of HCV) and calibrated it to epidemiological data from the aforementioned counties. The model also made assumptions about accessing an OPC reducing syringe sharing behavior (by a relative risk of 0.17). Finally, the model looked at scaling up OPC use from 0% of people who use drugs (PWUD) to 20% of PWUD in each county. They found in each county percentages of new HIV and HCV infections could be prevented over 10 years if an OPC were to open. These percentages were: 21.8% of and 28.3% of new HIV and HCV infections in San Francisco County, 17.7% and 29.8% in Los Angeles County and 32.1% and 24.3% in San Diego County.

Stevens A, Keemink JR, Shirley-Beavan S, Khadjesari Z, Artenie A, Vickerman P, Southwell M, Shorter GW. Overdose prevention centres as spaces of safety, trust and inclusion: A causal pathway based on a realist review. Drug Alcohol Rev. 2024 Sep;43(6):1573-1591. doi: 10.1111/dar.13908. Epub 2024 Aug 5. PMID: 39104059. **Open Access**

- **Background:** This study conducted a realist review (that is a review of the literature that looks at how an intervention works, who it works for and in what contexts it operates). They analysed 391 documents as part of this realist review.
- **Key Findings:** As a result of this review, they identified a causal pathway for how OPCs work. OPCs keep people alive and also result in other health benefits such as changes in health behavior (such as safer injection practices reducing infections), by facilitating feelings of safety and trust amongst people who use drugs. These feelings allow people to further develop social inclusion, which in turn has health benefits.

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Seo B, Rioux W, Teare A, Rider N, Jones S, Taplay P, Ghosh SM. Perspectives of key interest groups regarding supervised Consumption sites (SCS) and novel virtual harm reduction services / overdose response hotlines and applications: a qualitative Canadian study. Harm Reduct J. 2024 Jul 27;21(1):141. doi: 10.1186/s12954-024-01053-3. PMID: 39068494; PMCID: PMC11282589. **Open Access**

- **Background:** This qualitative study from Canada looks at virtual overdose prevention services and barriers to their use.
- **Key Findings:** 52 participants with a variety of experiences were interviewed, from people who use drugs to family members to harm reduction workers and virtual overdose prevention center operators. Virtual overdose prevention services were seen as having some advantages over accessing a physical space such as privacy concerns, wait times, fear of law enforcement and flexibility in accommodating different modes of using (injection, smoking, etc). Physical OPCs were preferred when it came to overdose response times, facilitating social connection and referrals to other services. People viewed virtual and physical overdose prevention services as filling different needs. Virtual overdose prevention services can be seen as a complement to other harm reduction services like overdose prevention centers.

Mocanu V, Viste D, Rioux W, Ghosh SM. Accessibility gaps of physical supervised consumption sites in Canada motivating the use of overdose response technology/phone based virtual overdose response services: a retrospective cohort study. Lancet Reg Health Am. 2024 May 17;34:100770. doi: 10.1016/j.lana.2024.100770. PMID: 38798948; PMCID: PMC11127238. **Open Access**

- **Background:** This is a retrospective cohort study from Canada that looked at anonymized call logs from the National Overdose Response Service (NORS) - a peer operated overdose response line over a period of 3 years (2020-2023). Researchers used postal code, the time of day of the call and method of substance use to determine access to an OPC - by cross referencing those with locations & the policies and operating hours of respective OPCs. These were used to determine OPC access - in terms of being physically accessible, in terms of an OPC accommodating the mode of use (injection, smoking, etc) and if an OPC was open when the call came in.
- **Key Findings:** This study found that 30.2% of callers (100) did have access to an OPC, while 57.7% of callers (191) did not. Of this amount, 27.8% (92) callers were not physically close to an OPC, 17.5% (58) called outside the operating hours of their OPC and 41 (12.4%) would not be allowed to smoke at an OPC. This study demonstrates that virtual/call based overdose prevention services can be a good complement to fill some of the gaps left by physical OPCs.

Koehm K, Rosen JG, Yedinak Gray JL, Tardif J, Thompson E, Park JN. "Politics Versus Policy": Qualitative Insights on Stigma and Overdose Prevention Center Policymaking in the United States. Subst Use Addctn J. 2024 Oct;45(4):682-689. doi: 10.1177/29767342241253663. Epub 2024 May 28. PMID: 38804608; PMCID: PMC11458346. **Open Access**

- **Background:** This is a qualitative study done with advocates, legislators, service providers and researchers to find out how stigma against people who use drugs plays a role when policy is made on overdose prevention centers. 17 advocates were interviewed over the span of 7 months across the country.

- **Key Findings:** This study found that stigma was present through the policymaking process. This stigma came from different sources - politicians, the media and members of the public. These stigmatizing comments would usually intersect with discussions on public disorder, homelessness and crime; contributing to a "not in my backyard" attitude towards opening an OPC. Participants reported that one way to tackle stigma is to provide humanizing stories about/from people who use drugs and to talk about the benefits of using OPCs to the broader public. Engaging strategically with the media is also helpful.

French R, McFadden R, Lowenstein M, O'Donnell N, Perrone J, Aronowitz S, Thakrar AP, Schachter A, Turi E, Compton P. A qualitative study exploring the feasibility and acceptability of embedding an overdose prevention sites in a U.S. hospital. J Subst Use Addict Treat. 2025 Mar;170:209620. doi: 10.1016/j.josat.2024.209620. Epub 2025 Jan 11. PMID: 39805406.

- **Background:** This qualitative study interviewed 28 stakeholders across a hospital setting (from people who use drugs to clinicians to hospital administrators) to get their perspective on the feasibility and acceptability of opening an overdose prevention center within a hospital setting.
- **Key Findings:** The study found that many participants were open to having an OPC in a hospital setting, citing potential benefits such as improving access to harm reduction services, reducing patient directed discharge and reducing stigma for patients. However, barriers to implementation were also mentioned. This included, getting trust from people who use drugs to use the site, concerns about safety of patients & providers, getting buy-in from hospital leadership, overcoming clinician stigma, as well as getting the support and trust of the community. Participants agreed on the need for more dedicated staff for an OPC should it be implemented, like social workers and addiction counselors. The group had differing views on who should be eligible for an OPC - with some saying it should be open to all and others adopting a more specific drug use criteria. Participants also provided suggestions as to how to make an OPC more feasible such as educating people, setting safety standards and operational guidelines, hiring more staff, etc.

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Nicholls J, Masterton W, Falzon D, McAuley A, Carver H, Skivington K, Dumbrell J, Perkins A, Steele S, Trayner K, Parkes T. The implementation of safer drug consumption facilities in Scotland: a mixed methods needs assessment and feasibility study for the city of Edinburgh. Harm Reduct J. 2025 Jan 13;22(1):6. doi: 10.1186/s12954-024-01144-1. PMID: 39806415; PMCID: PMC11730151. **Open Access**

- **Background:** This paper presents findings from a feasibility study for an overdose prevention center done in Edinburgh, Scotland.
- **Key Findings:** This was a mixed methods study (involving quantitative data and qualitative interviews). They used spatial and temporal drug related data (such as mortality, drug consumption, crime, etc). They found that drug related harms & consumption are distributed throughout Edinburgh with some areas having more than others; illicit benzodiazepine and cocaine use is common. Through qualitative interviews they found there is reception to an overdose prevention center and that people who use drugs would prefer peer delivery methods. Still, there are concerns about safety and what services to prioritize given the limited budgets available.

Nassau T, Bouck Z, Welles SL, Evans AA, Hopkins S, Tookey P, Werb D, Scheim AI. A quantitative bias analysis of the association between supervised consumption service use and sharing of injection equipment among people who inject drugs in Toronto, Canada. Ann Epidemiol. 2025 Apr 14;106:11-16. doi: 10.1016/j.annepidem.2025.04.009. Epub ahead of print. PMID: 40233868. **Open Access**

- **Background:** This paper uses a technique called quantitative bias analysis to evaluate the association between using an OPC and the sharing of injection equipment (which in turn has an impact on the transmission of infectious disease). They used survey data from 2018-2020 of 695 people who use drugs.
- **Key Findings:** Most participants reported using a syringe service program. Using an OPC frequently for injection (about 26% of participants) was not associated with sharing injection equipment. The authors state that in an area with high SSP coverage, policymakers should not expect to see a large decrease in syringe sharing related to use on site. They also suggest that in the fentanyl era (& with high SSP coverage), overdose prevention centers - where the primary aim is to intervene in overdose death – may not have an impact on syringe sharing. That said, OPCs often still serve as SSPs as well and play an important role in the distribution of new needles and potentially reduce syringe sharing amongst users and non users of the site.

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Wettemann C, Morgan J, Taylor T, Boll A, Maxwell S, Richardson L, Nolan S, van Draanen J. Facilitating access to supervised smoking facilities: a qualitative study. Harm Reduct J. 2025 Apr 18;22(1):60. doi: 10.1186/s12954-025-01217-9. PMID: 40251645; PMCID: PMC12007214. **Open Access**

- **Background:** This paper presents results from a qualitative study of peer workers and stakeholders at a supervised smoking facility (SSF) in Vancouver, Canada to find out how to facilitate greater access to a SSF. The study design was co-led by people who use drugs and the leadership of the SSF.
- **Key Findings:** Throughout the interviews, participants referred to the fact that the SSF was low barrier and this is what made it accessible. The SSF is low barrier because it adopts a non punitive approach to conflicts & interpersonal disagreements, provides people with anonymity and privacy (by removing documentation & allowing people to use pseudonyms), operates under a peer led model and is physically accessible (is a large, airy room with room to "chill" and room for storage for belongings, has accessible bathrooms, etc). The instances in which people are not allowed in the site is if they are under 18, or in some instances people have been barred due to safety concerns. Overall, participants felt the SSF was low barrier due to the aforementioned characteristics and therefore accessible.

Shaw LC, Goldman JE, Lenox CA, Krieger MS, Marshall BDL, Macmadu A. Community Acceptability of the First State-Authorized Overdose Prevention Center in the United States. J Urban Health. 2025 Apr;102(2):476-481. doi: 10.1007/s11524-025-00978-9. Epub 2025 Apr 10. PMID: 40208386; PMCID: PMC12031680.

- **Background:** In January 2025, the first state-authorized OPC opened in Providence, Rhode Island. Understanding how residents and employees in the surrounding neighborhood feel about the center is critical for its success and for informing similar efforts in other states. This study assessed neighborhood support for the forthcoming OPC and explored whether specific factors influenced people's opinions, such as age or prior awareness of OPCs.
- **Key Findings:** Between September and October of 2024 (three months before the opening of the OPC), researchers surveyed 125 adults who lived or worked in the neighborhood of the forthcoming OPC. Overall, the majority of respondents were supportive of the OPC. Seventy-four percent of participants stated that they were in favor of an OPC opening in their neighborhood, while an even greater percentage (81%) supported the idea of an OPC opening elsewhere in the city. Nearly half of the respondents (45%) had heard of OPCs before the survey, suggesting that community education efforts may have contributed to awareness of these centers. This study found that most people living and working near the newly established OPC in Providence supported its opening. Support was particularly high among younger individuals and those who had recently observed homelessness in the area.

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Allen B, Moore B, Jent VA, Goedel WC, Israel K, Collins AB, Marshall BDL, Cerdá M. Considerations for the epidemiological evaluation of hyperlocal interventions: A case study of the New York City overdose prevention centers. Soc Sci Med. 2025 May 3;378:118156. doi: 10.1016/j.socscimed.2025.118156. Epub ahead of print. PMID: 40349434.

- **Background:** This paper presents the epidemiological framework behind evaluating hyperlocal health interventions. This framework was then applied to studying the overdose prevention centers in New York City. Using this framework, the authors looked at whether there was any change in arrests in the neighborhood surrounding the OPC.
- **Key Findings:** This paper found that there was no change in arrests in the neighborhood post OPC implementation. This framework can also help guide other evaluations of hyperlocal health interventions.

Scher BD, Southwell M, Harris M, Stevens A, Chrisinger BW, Humphreys DK, Shorter GW. Exploring the need for overdose prevention centers in England: A qualitative community-based participatory study on the perspectives of people who use drugs in public and semi-public environments. Int J Drug Policy. 2025 May 2;140:104816. doi: 10.1016/j.drugpo.2025.104816. Epub ahead of print. PMID: 40318235. **Open Access**

- **Background:** A qualitative study was conducted with people who use drugs in Sandwell, England about their experiences to assess the need for an overdose prevention centers. There is currently one operating in the UK. This study interviewed people in focus groups on the street and through ethnographic fieldwork. The study was co-designed by the community and peer researchers were involved in data collection.
- **Key Findings:** Participants reported that due to the risk of public & police interaction, there were often rushed injections, poor venous access and injection related injury. Sometimes participants were able to find private, warm spaces to use drugs like a coffee shop bathroom, but other times, out of necessity (to avoid withdrawal) they had to use more public settings, like using in the bushes. Participants also reported police harassment and wondered about the risk of being stopped by the police on the way to an OPC. Still, the OPC's ability to provide people privacy from the public & policy was seen as a positive. Participants also viewed OPCs as a positive development to reduce drug related harms, overdose deaths, keep people safe and reduce interactions with the police. They also reported that it could help with relations with the public by reducing drug related litter like syringes. Overall, participants viewed OPCs as a helpful and necessary intervention that would alleviate some of the issues they are facing as they use drugs.

Dunham K, Macon EC, Perry A, Tan M, Marshall BDL, Collins AB. "A safe place to use": People who use drugs' perceptions and preferences prior to the implementation of Rhode Island's first overdose prevention center. J Subst Use Addict Treat. 2025 Jun;173:209679. doi: 10.1016/j.josat.2025.209679. Epub 2025 Mar 21. PMID: 40122346.

- **Background:** To inform the design and implementation of an OPC in Providence, Rhode Island's capital, this study explored perceptions of OPCs and programmatic needs among people who use drugs. The study conducted in-depth qualitative interviews from December 2023 to March 2024 with 25 people who use drugs. Thematic analysis explored OPC implementation considerations, with a focus on perceived social and structural barriers and facilitators for use.
- **Key Findings:** Overall, participants were aware of plans to open an OPC locally and were largely supportive. Participant narratives underscored social, spatial, and programmatic needs to facilitate OPC accessibility and uptake. Participants highlighted the importance of inclusivity related to preferred substances and consumption methods, including specific spaces and services for clients who smoke (e.g., inhalation room, separate post-use space) and ensuring staff preparedness to support clients using stimulants. While participants who were housed and/or had established use routines were largely supportive of the OPC, they did not think they would readily use the space and described the OPC as being more useful for people who were unhoused and/or younger people with less established drug use routines.