



**OVERDOSE
PREVENTION
LEADERSHIP
SUMMIT**

Overdose Prevention Centers: Public Health and Community Partnerships

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overdoseleadershipsummit.org

Presented by



Who we are

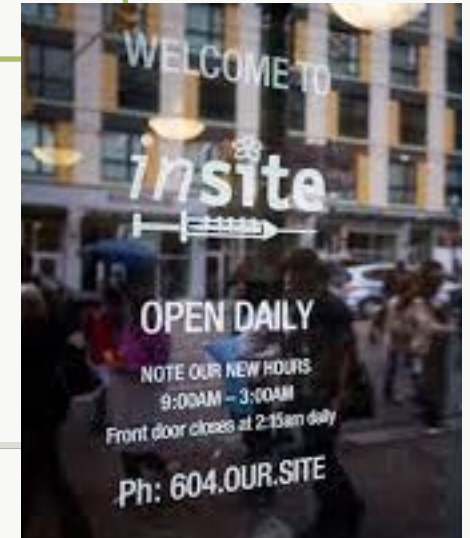


Outline

- Overdose Prevention Centers background
- Rhode Island Harm Reduction Center legislation
- Rhode Island regulations
- Implementation
- Lessons learned

What is an Overdose Prevention Center?

- Location where people who use drugs can use pre-obtained substances
- Peer or medically supervised
- Sterile equipment
- Immediate overdose response
- Referrals to wrap-around services



What is an Overdose Prevention Center?

- Over 120 OPCs in 10 countries
- Variety of models:
 - Medically or peer- supervised
 - Stationary, mobile, housing or hospital-based
- Integrated with existing services:
 - Medical, harm reduction, addiction treatment
 - Wrap around services
- Heavily researched



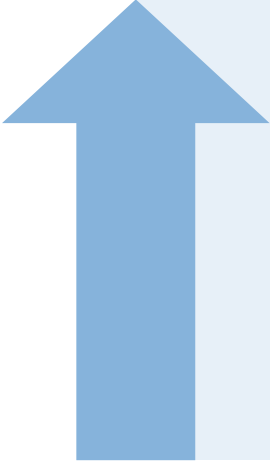
NYHRE
@NYHarmReduction

For more than 29 years, we have dedicated our lives to ending [#overdose](#) deaths & the criminalization & stigma associated with substance use. Being the 1st OPC site in the US is an honor & incredible step forward in ending the [#overdosecrisis](#) [#wearethemedicine](#) [#THISSITESAVESLIVES](#)




8:25 AM · Nov 30, 2021 from Manhattan, NY · Twitter for iPhone

Overdose Prevention Center evidence



- Treatment engagement
- Safe use practices
- Cost-effectiveness
- Feasible, acceptable, and utilized by PWUD
- Medical and other services utilization



- Overdose deaths
- All-cause mortality among PWUD
- Injection related harms
- Syringe reuse & sharing
- Public drug use
- Drug-related litter
- Crime incidents surrounding site

Overdose Prevention Centers in the United States

- Unsanctioned center operated in undisclosed US city
 - No overdose deaths
 - Reduced crime, ED visits, hospitalizations
- Philadelphia Safehouse
- NYC
 - Two centers currently operating under different models
- Other jurisdictions are considering opening similar locations.



Jeff Mays
@JeffCMays

NEW: In an attempt to curb a surge in overdose deaths caused by increasingly potent street drugs, New York City will allow two supervised injection sites in Manhattan to begin operating as soon today. W/ [@andylocal](#)



nytimes.com

Nation's First Supervised Drug-Injection Sites Open in New York

During the first official day in operation at the two Manhattan facilities, trained staff reversed two overdoses, officials said.

Rhode Island Legislation

- Took three years to pass
- First and only state in the country to authorize OPCs
- Things that enabled law:
 - Daily lobbying
 - Lawmaker personal connections + champions
 - Rhode Island Department of Health (RIDOH)/state support (years 2-3)
 - COVID changing perception of public health emergencies
 - Small state and coalitions
 - Local experts (e.g. Brown University)

Rhode Island Legislation

CHAPTER 185
2021 -- S 0016 SUBSTITUTE B
Enacted 07/06/2021

AN ACT
RELATING TO HEALTH AND SAFETY - HARM REDUCTION CENTER ADVISORY
COMMITTEE AND PILOT PROGRAM

Introduced By: Senators Miller, Goodwin, McCaffrey, Archambault, F Lombardi, Ciccone, Quezada,
Lombardo, Sosnowski, and Murray

Date Introduced: January 15, 2021

It is enacted by the General Assembly as follows:

SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

CHAPTER 12.10

HARM REDUCTION CENTER ADVISORY COMMITTEE AND PILOT PROGRAM

23-12.10-1. Purpose and creation -- Municipal authorization required.

(a) The purpose of this chapter is to authorize a two-(2) year (2) pilot program to prevent drug overdoses through the establishment of "harm reduction centers", which, as used in this chapter, shall be defined as a community-based resource for health screening, disease prevention, and recovery assistance where persons may safely consume pre-obtained substances.

(b) Each harm reduction center shall provide the necessary health care healthcare professionals to prevent overdose, and shall provide referrals for counseling or other medical treatment that may be appropriate for persons utilizing the harm reduction center.

(c) The director of the department of health shall promulgate regulations to authorize the program established by this chapter, and in accordance with § 23-12.10-5. Nothing contained in this section authorizes a harm reduction center without approval of the municipality in which the center is proposed.

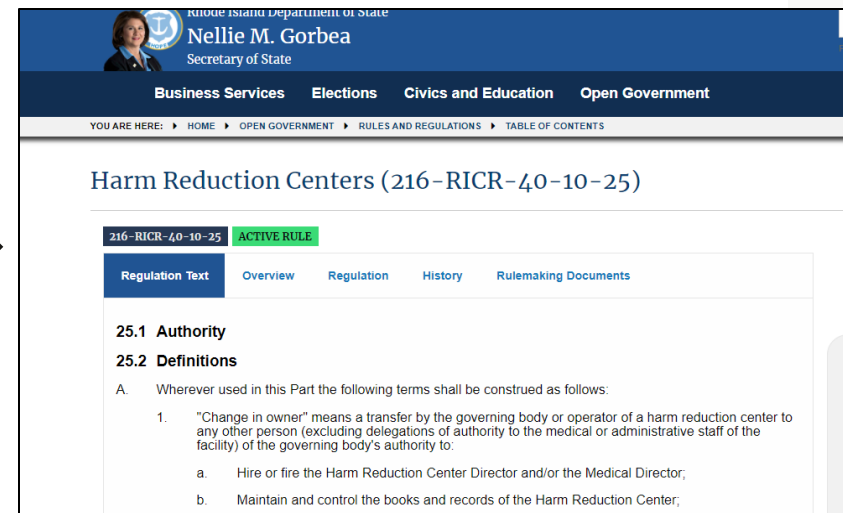
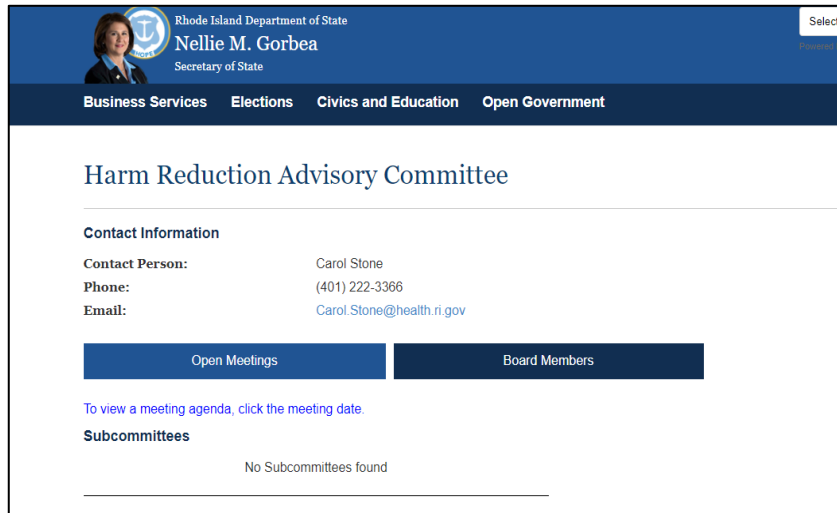
What is in the statute?

1. Authorizes a 2-year Harm Reduction Center pilot program.
2. Establishes Governor's Committee to advise RIDOH.
3. States regulations must be promulgated by March 2022.
4. Provides liability protections.
5. Requires municipal approval for implementation.

Key RIDOH tasks

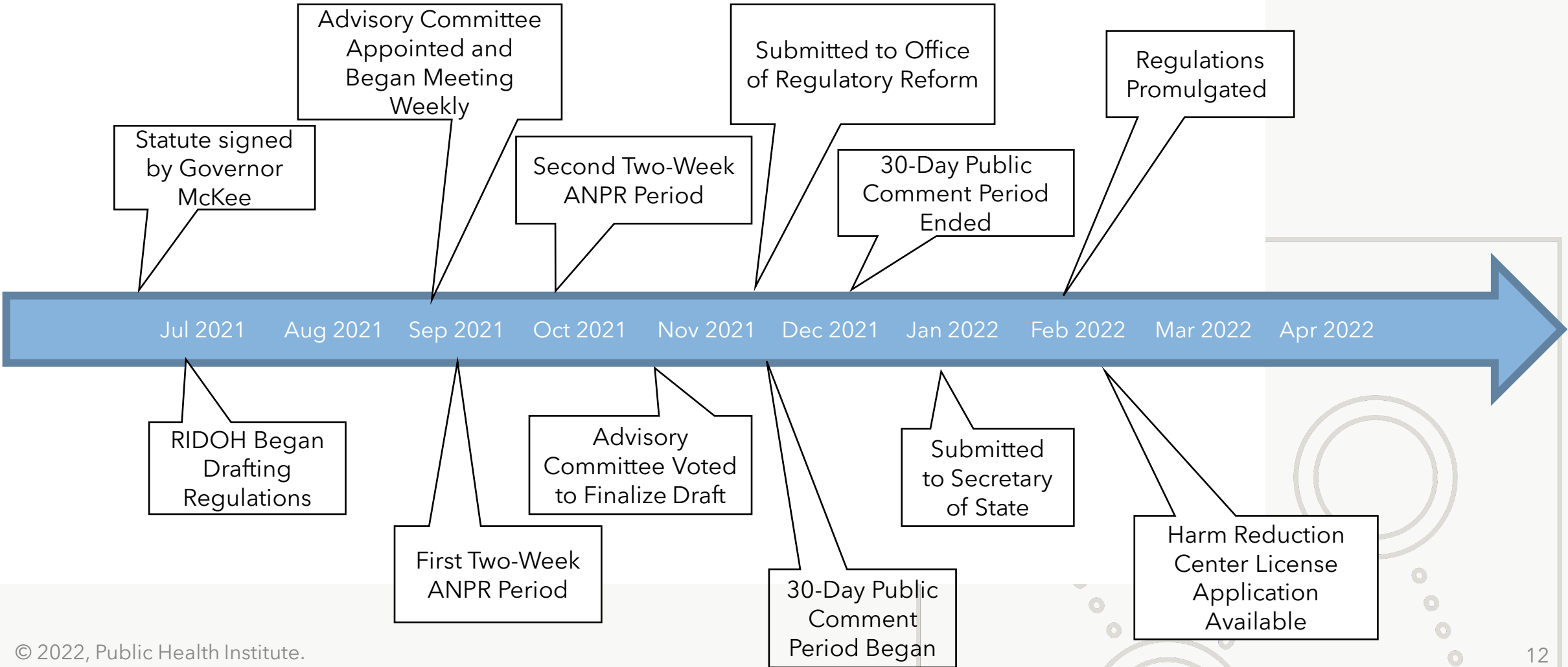
- Lead regulation development and adoption
 - Governor's HRC Advisory Committee
- Provide public education, messaging, and engagement
- Engage with key partners such as:
 - municipal leaders, attorneys general, public safety, and law enforcement
- Share relevant state and local data
- Provide communication, coordination, & support to community harm reduction organizations
- Inspect and license all centers prior to implementation

Key RIDOH tasks



- Regulations were developed with extensive community input.
- Regulations form the **minimum** requirements.
- Centers will develop their own approach and policies to meet community needs and municipal approval requirements.

Regulatory timeline



HRC Regulation Highlights

Licensing Procedures

- May be licensed for fixed, mobile, and/or short-term centers.
- Municipal approval required, including a safety plan.
- RIDOH will inspect centers.
- License expires March 1, 2024.

Organization and Management

- Requires a governing body, medical director, and center director.
- All staff are trained in overdose response.
- State background check is required (employment is at discretion of employer).
- Specific reporting requirements for overdoses and center/service utilization.

HRC Regulation Highlights

Management of Services

- Clients are anonymous.
- Sharing, selling, or exchanging of substances is not permitted; staff cannot assist with consumption.
- Requires consumption, harm reduction, and referral services (treatment/counseling, and basic needs); drug testing permitted.
- 9-1-1 must be called in event of emergency.
- Designated community liaison required.

Facility Requirements

- Space requirements: Intake, smoking consumption, other consumption, aftercare; sharps containers in consumption spaces.
- Emergency personnel access: Drug consumption spaces allow for monitoring; emergency response supplies on site.
- Code compliance.

Application



State of Rhode Island
Department of Health

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Addiction & Overdose

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- Partners

Harm Reduction Centers

On July 7, 2021, [legislation was signed](#) authorizing a two-year pilot program to prevent drug overdoses through the establishment of [harm reduction centers \(HRC\)](#), which are a community-based resource for health screening, disease prevention and recovery assistance where persons may safely consume pre-obtained substances. Rhode Island's regulations for [Harm Reduction Centers \(216-RICR-40-10-25\)](#) become effective February 16, 2022.

The Harm Reduction Center [Advisory Committee](#) is chaired by the Director of Health or a designee, and representatives from the Rhode Island Medical Society, the Hospital Association of Rhode Island, and the Rhode Island Chapter of the American Society of Addiction Medicine, as well as the Attorney General, a current or former law enforcement official, a representative from the Rhode Island League of Cities and Towns, and someone who has experience working in the field of overdose prevention. The advisory committee also includes one person who has a substance use condition and one person who has experienced a drug overdose, or a family member of a person who has experienced a fatal drug overdose.

To learn how to apply for a [harm reduction center license](#), [click here](#).

Visit Prevent Overdose RI's [HRC webpage](#) for related information and research.

Publications

Applications

- Harm Reduction Center

Drug Overdose Surveillance Data Hub

State of Rhode Island
Department of Health

Home About Us Diseases Health & Wellness Food, Water & Environment Birth, Death & Marriage Records Laboratory Testing Licensing

Harm Reduction Centers (Licensing)

Contact & Hours >
Program >
Fees >
Regulations >
Topics for Harm Reduction Centers >
Factsheets +

Harm Reduction Centers

Licensing-Related Information Board Information

How to Get Licensed

Applications-

- Harm Reduction Center

Renewal notices are sent out 60 days before your expiration date. [RENEW ONLINE](#)

We can help you. . .

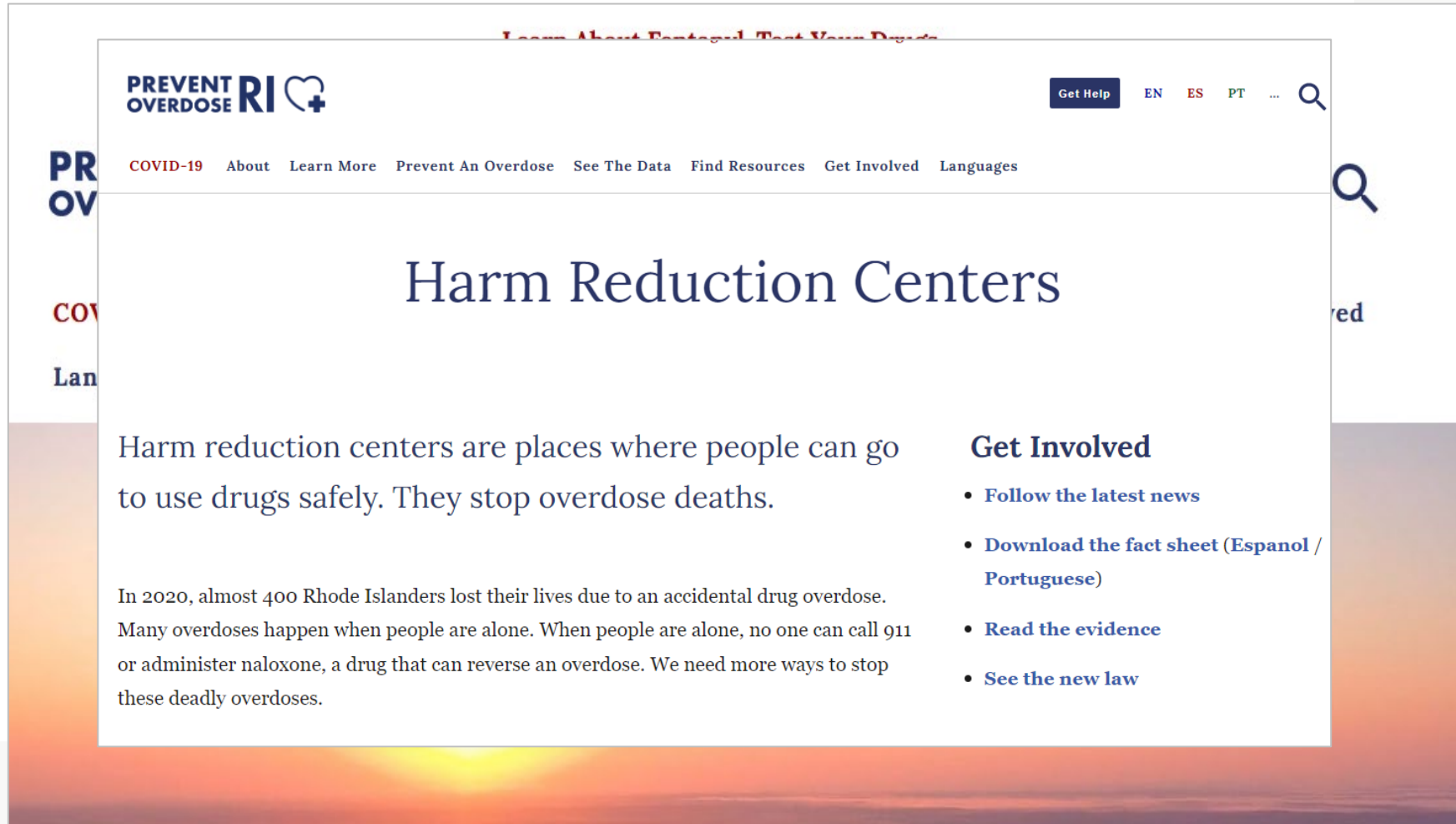
- Licensing Forms+
- Verify a Harm Reduction Centers License
- Find Licensed Harm Reduction Centers
- Download Harm Reduction Centers Lists
- File a Complaint

Establishment and Initial Licensure of a [Harm Reduction Center](#) (e.g., on-site premises, mobile unit, and short-term unit) requires prior review and approval by the Rhode Island Department of Health. The Harm Reduction Center program is a two-year pilot and all licenses will sunset on March 1, 2024. Organizations interested in opening any harm reduction center in Rhode Island must:



- Review Rhode Island Harm Reduction Centers [regulations](#).
- Submit an [Initial Licensure Application](#) to the Rhode Island Department of Health: 3 Capitol Hill, Room 306, Providence, RI 02908-5097.
- Submit proof of municipal approval from a city/town council, or equivalent governing bodies where the center is to be located.
- Receive a site inspection by a RIDOH representative and obtain an approval of compliance. Site inspections ensure all services and practices comply with Rhode Island's Harm Reduction Center [regulations](#).
- Obtain and submit an acceptable Life Safety Code/Fire Safety inspection report from the Rhode Island Office of the State Fire Marshal or a designee.


If you have any questions concerning this application, call the Center for Health Facilities Regulation ☎ 401-222-2566.

Resources



Learn About Fentanyl, Test Your Drugs

PREVENT OVERDOSE RI  [Get Help](#) [EN](#) [ES](#) [PT](#) ... 

[COVID-19](#) [About](#) [Learn More](#) [Prevent An Overdose](#) [See The Data](#) [Find Resources](#) [Get Involved](#) [Languages](#) 

Harm Reduction Centers

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

In 2020, almost 400 Rhode Islanders lost their lives due to an accidental drug overdose. Many overdoses happen when people are alone. When people are alone, no one can call 911 or administer naloxone, a drug that can reverse an overdose. We need more ways to stop these deadly overdoses.

Get Involved

- [Follow the latest news](#)
- [Download the fact sheet \(Español / Portuguese\)](#)
- [Read the evidence](#)
- [See the new law](#)

Regulation Key Lessons

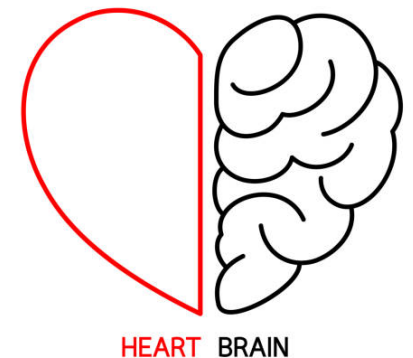
- Need broad stakeholder engagement
- Regulation vs implementation
- Transparency, community participation, and open communication are crucial
- Honest incorporation of community concerns & needs
- Creation of welcoming and inclusive spaces & services equity
 - Gender, race, sexual orientation, substance(s) used

Implementation

- Pros/cons of RI's state law approach (vs. NYC)
- Many operational needs to determine:
 - Siting / zoning
 - Staffing
 - Protocols (e.g. overdose response)
 - Program development
 - Organizational partnerships
- City Council approval and public safety plan required
 - Providence municipal working group
- \$2 Million total from Opioid Settlement Funds (no limit on # orgs or sites)

Changing Hearts & Minds

- Individual curiosity → Individual support → Organizational support
- Consistent messaging to push back against the “we can’t talk about that”
- Leveraging personal connections
- Recognition that current methods aren’t enough
- Focus on saving lives and public health
- Excite people around being first



Community-State Agency Relationships

- Defer to experiences of people on-the-ground - ASK what people need and amplify messages
- Understand the on-the-ground work is VERY hard
- Prioritize lived experiences
- Inside/outside strategy
 - **DO** include community partners
 - **DO** give autonomy to community partners
 - **DON'T** unload work to community partners (often unpaid)
 - **DON'T** expect people to be available at the drop of a hat
- Ways in which state organizations like working groups can support efforts, and ways they can thwart
- State messaging is very helpful to “legitimize”

Key Take Home Points

Legislation as implementation strategy

Regulation development as means for stakeholder and community engagement

Inside/Outside strategy & partnerships

Role of Department of Health as educator, stakeholder engagement, support for community organizations

Importance of process being community led and responsive

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