

Overdose Prevention Centers

A Successful Strategy for Preventing Death and Disease

BY JEFFREY A. SINGER

Dr. Rahul Gupta, the White House director of the Office of National Drug Control Policy, stated the Biden administration would be “prioritizing harm-reduction practices because these are proven, cost-effective and evidence-based methods that work to save lives.”¹ Overdose prevention centers (OPCs) are a successful harm-reduction strategy that has been saving lives in 16 developed countries—including the United States, where such facilities operate in defiance of the law.

OPCs, also known as safe consumption sites or drug consumption rooms, began in Europe in the mid-1980s.² Governments and harm-reduction organizations now operate OPCs in much of Europe, Canada, Mexico, and Australia. Unfortunately, a federal law that prosecutors and harm-reduction opponents call the “crack house” statute (21 U.S.C. Section 856) makes them illegal in the United States.³

Some OPCs in the United States operate in the shadows. Underground OPCs have been providing services since at

least 2014. More recently, state and local officials have been approving OPCs in defiance of federal law.

This policy brief reviews how OPCs are an effective, mainstream harm-reduction strategy. Congress should stop standing in the way of local harm-reduction organizations that seek to reduce overdose deaths by establishing OPCs.

THE WORSENING OVERDOSE CRISIS

Since President Richard Nixon declared a “war on drugs” in 1971, U.S. drug policy has focused relentlessly on interdicting and reducing the illicit drug supply and, in recent years, pressuring doctors to reduce the number of controlled substances they prescribe. Nevertheless, since the late 1970s, drug overdose deaths in the United States have continued to mount, exceeding 107,000 in 2021, according to the Centers for Disease Control and Prevention.⁴ Drug prohibition makes using illicit drugs more dangerous because drug users cannot be sure of the purity and dosage of drugs they obtain



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on the black market, which puts them at a greater risk of accidentally overdosing. What drug policy scholars call “the iron law of prohibition” magnifies the problem: as law enforcement grows more vigorous, so too does the potency of prohibited substances.⁵ Concealing and smuggling drugs that are more potent is easier. Drug cartels are producing and smuggling increasingly potent analogs of fentanyl, and users often mix them with stimulants to create deadly “cocktails.” This trend has led modelers to predict a massive wave of new overdose deaths.⁶

Against that backdrop, some U.S. policymakers have recently begun to embrace harm-reduction strategies after long resisting that approach. Harm-reduction strategies begin with the realistic and nonjudgmental premise that society never has been and will never be drug-free. Akin to the credo of the medical profession—“First, do no harm”—harm reduction seeks to avoid measures that exacerbate the harms the black market already inflicts on nonmedical users and to focus strictly on the goal of reducing the spread of disease and death from drug use.⁷

Syringe services programs (SSPs, also known as needle exchange programs) are a common harm-reduction strategy that federal public health agencies promote.⁸ Such programs primarily provide clean needles and syringes to people who inject drugs (PWID). Clean syringes effectively reduce the spread of infectious diseases but do not reduce overdoses. In fact, one study found that SSPs effectively reduced new cases of HIV but correlated with an increase in overdose deaths.⁹ In recent years, many SSPs have therefore sought to reduce overdoses by also distributing fentanyl test strips and the opioid overdose antidote naloxone.¹⁰ Although those products can reduce and reverse opioid overdoses, they are likely less effective if PWID are using them in unsupervised settings. For example, users who are injecting when they are alone may have difficulty using naloxone to reverse an overdose.

HOW OPCs WORK

OPCs have more ambitious goals. They furnish PWID with sterile syringes and needles. They allow PWID to inject illicitly obtained drugs in a clean, indoor clinical setting, out of public view, where users are free from harassment and the risks of theft and physical or sexual assault. Onsite health care professionals have naloxone

available to treat overdoses and can refer patients for medical treatment and rehabilitation. The centers provide equipment for drug users to test their drugs for fentanyl and other contaminants. Drug users must return syringes after using them to prevent passing or selling used needles and syringes to others. In recent years, many drug users in the United States have switched from injecting to inhaling (snorting or smoking) drugs, as in much of the rest of the world.¹¹ With inhalation, drug users can better adjust the amount of drug they consume to reach the desired effect and avoid taking too large a dose, as often happens when injecting. OPCs often provide clean and safe inhalation devices to those clients. Most facilities require users to spend time in “chill-out rooms” to allow the drug’s initial effects to subside so the user is less impaired when leaving the site. OPCs often provide showers and other facilities and connect users to social services.¹² Many clients respond to the nonjudgmental, caring atmosphere of safe consumption sites by seeking treatment and other social services.¹³

THE GROWTH OF OPCs

During alcohol prohibition, speakeasies provided a secret and safer place to consume an illegal drug. OPCs got their start as the speakeasies of today’s war on drugs. The world’s first professionally staffed—yet illegal—consumption room opened in Rotterdam, the Netherlands, in the early 1970s. In 1986, the illegal consumption site Contact Netz began operating in a café in Bern, Switzerland. The Swiss government eventually removed legal obstacles to Contact Netz serving clients older than age 18, making it the first legal overdose prevention center in the world. The Dutch government officially approved such centers in 1996.¹⁴

During the 1990s and early 2000s, more legal centers opened in Australia, Canada, Germany, Luxembourg, the Netherlands, Norway, Spain, and Switzerland.¹⁵ Germany’s first drug consumption room (DCR) opened in Berlin in 1994. Australia opened its first facility in 2001, the United Medically Supervised Injection Centre (MSIC) in the Kings Cross district of Sydney (or MSIC–Sydney). Canada opened its first overdose prevention center, Insite, in the Downtown Eastside district of Vancouver in 2003.

At least one illegal OPC has been operating somewhere in the United States since 2014. Researchers have reported in

the peer-reviewed medical literature—without revealing the site’s name or location—that the site is reducing overdoses.¹⁶ In Seattle, underground OPCs sometimes operate out of apartments.¹⁷ In Philadelphia, the city council voted to permit a private OPC, Safehouse, in 2019, but the U.S. Department of Justice threatened to arrest the principals and staff, and the OPC never opened.¹⁸ In July 2021, Rhode Island governor John McKee signed legislation that legalized privately funded OPCs.¹⁹ And on November 30, 2021, the mayor of New York City announced that two private nonprofit OPCs had opened—one in East Harlem and one in Washington Heights—and both continue to provide services.²⁰ The U.S. Department of Justice has not yet intervened in Rhode Island or New York City. On August 22, 2022, California governor Gavin Newsom vetoed a bill that would have created OPC pilot programs in San Francisco, Oakland, and Los Angeles.²¹

THE OPC HARM-REDUCTION RECORD

Strong evidence indicates that OPCs reduce the transmission of HIV and hepatitis, prevent overdose deaths, reduce public injections, reduce the volume of shared or discarded syringes, and increase the number of drug users entering treatment programs.²² A 1996 report on injecting rooms in Switzerland concluded the following: “Injecting rooms have enabled the adoption of less hazardous injecting practices, reduced the number of overdose deaths, minimised [sic] the nuisance to the community of injecting in public places, and probably reduced HIV transmission. The Centres are well-tolerated in Swiss communities. Some [intravenous drug users] have entered treatment as a result of attending injecting rooms.”²³

A 2011 retrospective analysis of the 25 OPCs then operating in Germany found OPCs significantly reduce “problems related to the open drug scene in cities,” “significantly contribute to limiting the spread of infectious diseases such as hepatitis and HIV,” and “make a decisive contribution for survival assistance and risk minimization when consuming illegalized drugs.”²⁴

Critics in the United States view such sites as endorsing intravenous drug use and other illegal activities.²⁵ Those concerns are understandable, but the evidence shows OPCs save lives by reducing overdose deaths and have likely saved lives by reducing the spread of deadly diseases and violence against drug users.

THE GLOBAL EXPERIENCE WITH OPCs

Worldwide, 147 OPCs provide services in 91 communities in 16 countries as of August 2022 (Figure 1). Table 1 lists the countries where fixed and mobile OPCs operate, along with the year each established its first facility. Table 1 includes two countries—the United States and Belgium—where OPCs are illegal under national law.

Writing in the *New England Journal of Medicine*, researchers report that the underground OPC that has been operating in the United States since 2014 oversaw 10,514 injections and reversed 33 overdoses from 2014 through 2019.²⁶ New York City has been defying federal law ever since the New York City Department of Health opened two OPCs on November 30, 2021.²⁷ New York City OPC staff reported they had reversed 230 overdoses as of April 3, 2022.²⁸

The Belgian Drug Law of February 24, 1921, prohibits “providing a premise” to consume a controlled substance.²⁹ Nevertheless, Belgium’s first OPC opened in Liege in 2018 and continues to serve people who inject drugs. City and regional authorities subsidize this OPC in defiance of federal law.³⁰

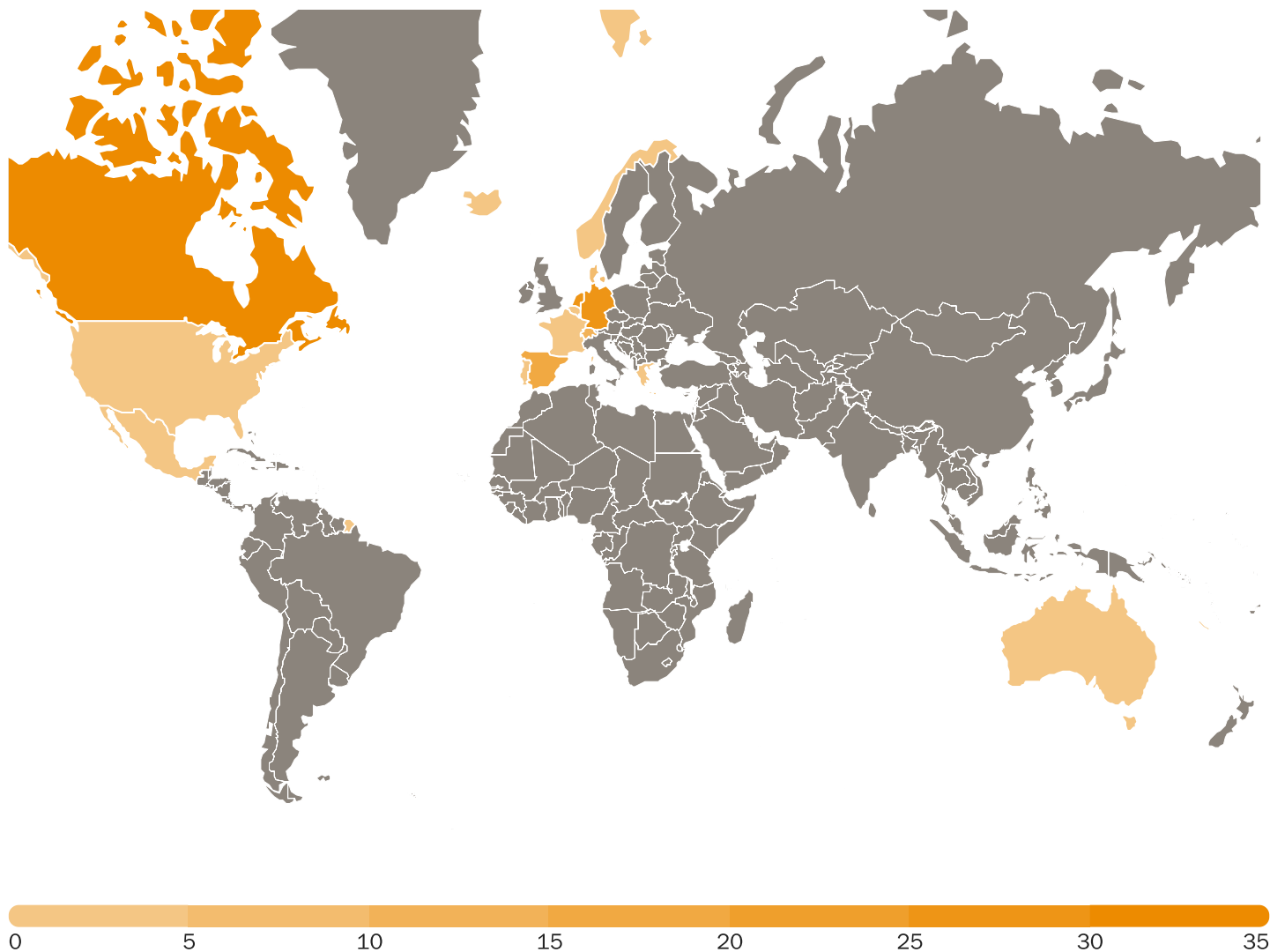
Also in 2018, the private company Integracion Social Verter, A.C. (Verter) opened La Sala, an unsanctioned OPC in Mexicali, Mexico, close to the U.S.-Mexico border. This is the first OPC in Latin America and one of only four OPCs in the world exclusive to women.³¹ Though the government does not officially sanction the facility, the program’s coordinator claims the site is legal.³²

Switzerland

The first unofficial consumption room opened in Zurich in 1981, primarily to prevent PWID from falling victim to the HIV/AIDS pandemic.³³ The strategy was unpopular with authorities in many Swiss cities. Despite initial skepticism, the Zurich site resulted in safer and more hygienic injections, decreased the number of syringes bought on the street, and decreased sexual assault. In 1986, the government allowed Contact Netz, an OPC in Bern, to operate under new regulations that allowed safe injection facilities for heroin users older than age 18. The OPC in Bern trains nurses, social workers, and medical professionals to administer and manage such sites.³⁴ Figure 2 shows the current distribution of OPCs in Switzerland, along with the injection and overdose data for Contact Netz.

Figure 1

Canada has the most overdose prevention centers in the world



Source: International Network of Drug Consumption Rooms. Data are current as of April 2022.

Table 1

147 overdose prevention centers (OPCs) operate in 91 communities in 16 countries

Country	Communities	Fixed OPCs	Mobile OPCs (operating)	First facility established	Country	Communities	Fixed OPCs	Mobile OPCs (operating)	First facility established
Switzerland	10	14	0	1986	Denmark	4	5	2	2011
Netherlands	21	26	0	1994	France	2	2	0	2016
Germany	17	27	2	1994	Belgium	1	1	0	2018
Spain	6	14	2	2000	Mexico	1	1	0	2018
Australia	2	2	0	2001	Portugal	1	1	1	2019
Canada	18	36	2	2003	United States	2	3	0	2014
Norway	2	2	0	2005	Iceland	1	0	1	2022
Luxembourg	2	2	0	2005	Greece	1	1	0	2022
Total		91	137	10					

Source: Data obtained directly from Dr. Roberto Pérez Gayo of Correlation European Harm Reduction Network in Amsterdam, the Netherlands.

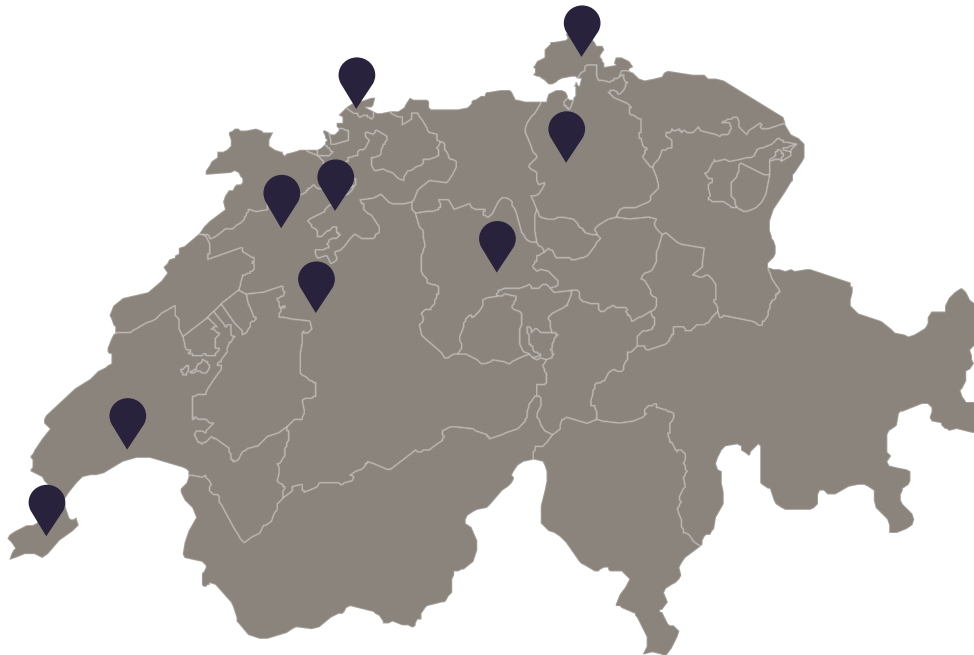
Switzerland's drug policy rests on four pillars: harm reduction, treatment, prevention, and control/law enforcement. A 1997 national referendum on the four pillars policy garnered 70 percent support. In 2008, the revised Narcotic Act codified the four pillars policy.³⁵

The Netherlands

The first unsanctioned OPC opened in Amsterdam in the 1970s, but after several complaints, Amsterdam closed all OPCs in 1986.³⁶ Dutch policymakers began reopening OPCs in the 1990s. As of April 2022, 26 OPCs are now operating in 21 communities in the country. OPCs in the Netherlands do not systematically record the number of users who visit and consume drugs, which limits data availability; however, facility staff estimate OPCs serve 5 to 30 clients daily.³⁷

Figure 2

Switzerland has 14 overdose prevention centers



Germany

Germany's first DCR opened in Frankfurt in 1992, primarily to reduce public displays of intravenous drug use. The country now has 27 fixed and 2 mobile OPCs in 17 communities. Policymakers justify those sites based on their role in preventing overdoses and disease. From 1992 to 2012, OPCs in Germany documented 191,729 injections, averaging 550 per day, with zero fatalities onsite.³⁸

Australia

Drug laws in the states of New South Wales and Victoria permit OPCs to operate in Sydney and Melbourne. The country has two OPCs, called Medically Supervised Injection Centres (MSICs). Australia's first site, Uniting, opened in Sydney in 2001.³⁹ Between May 2001 and April 2022, staff

Centers	14
First center appeared	1986
Clients/day	170
Injections/day	100
Inhalations/day	195
Overdoses	Not available
Overdose deaths	Not available

Source: Data collected directly from Contact Netz in Bern, Switzerland. Data current as of December 2021.

supervised 1.237 million injections at the site.⁴⁰ Half of the OPC’s clients reported they regularly injected drugs in public.⁴¹ Uniting targeted “hidden populations” of PWID who are unlikely to seek treatment elsewhere.⁴² The second site, North Richmond Community Health MSIC, in Melbourne, opened in June 2018.⁴³ In its first 18 months, the site supervised 116,802 injections and managed 3,200 overdoses with zero deaths.

Figure 3 shows OPC locations in Australia and provides data for Uniting MISC–Sydney.

Luxembourg

Luxembourg’s first OPC, Abrigado, opened in Luxembourg City in 2005. Abrigado reported more than 73,000 supervised injections in 2017. A second OPC, for which no data are

Figure 3

Australia has two overdose prevention centers



Centers	2
First center appeared	2001
Clients	80–120/day (2020 and 2021)
Injections	1.237 million (May 2001–April 2022)
Injections/day	80–120/day (2020 and 2021)
Overdoses	10,860 managed (May 2001–April 2022)
Overdose deaths	0

Source: All data collected from Mark Bartlett, research coordinator at Uniting Medically Supervised Injection Centre, Sydney.

Note: All data for clients, injections, and overdoses pertain to the Sydney site.

yet available, opened in 2019. Neither of the Luxembourg OPCs have had any fatalities.

Portugal and Spain

Portugal decriminalized all drugs in 2001, which also legalized drug consumption facilities. Yet it wasn’t until 2019 that the city council of Lisbon initiated Portugal’s first OPC, a mobile unit.⁴⁴ Portugal now has one fixed and one mobile OPC, both in Lisbon.

In Spain, private consumption of illicit drugs is not a crime, but public consumption is a “serious breach” of the Law on the Protection of Citizens;⁴⁵ therefore, consuming drugs in OPCs is not illegal. Spain has had OPCs since 2000 and currently has 14 fixed and 2 mobile OPCs.

France

Supervised injection rooms began as a medical experiment in Marseilles in 2011.⁴⁶ The results led the French government to permit OPCs in 2016. In 2021, France’s health minister announced the goal of creating a network of OPCs throughout the country. The country currently has two fixed OPCs—one in Paris and one in Strasbourg.⁴⁷

Norway

Norway opened its first OPC in 2005 after the legislature enacted the “Syringe Room Law,” which legalized heroin

injection at sites with adequate supervision. On January 1, 2019, the legislature passed the “User Room Law,” expanding the types of narcotics (previously only heroin) and the consumption methods (previously only injecting) permitted in OPCs. Norway currently has two OPCs: one in Oslo and one in Bergen. At the end of August 2020, Oslo’s site expanded to include a dedicated inhalation room to respond to the growing number of drug users who snort, smoke, or otherwise inhale their drugs. Staff at that site are working to change users’ method of drug intake from injection to inhalation to support safer drug consumption. Figure 4 shows the locations of OPCs in Norway, with data from Oslo.

Figure 4

Norway has two overdose prevention centers



Centers	2
First center appeared	2005
Clients	169/day
Total injections	25,054 total injections
Heroin injections	23,618
Overdoses	306
Overdose deaths	0

Source: All data were provided directly by Christina Livgard of Brukerromett Safe Consumption Site in Oslo, Norway. See also, Thomas Clausen, “The Role of the Safe Injection Facility in Oslo and the Opening Hours on Patterns of Ambulance Call-Outs for Overdose,” (PowerPoint presentation, Norwegian Centre for Addiction Research, University of Oslo, Norway, September 2017). Data are current as of December 2019.

Note: All data for clients, injections, and overdoses pertain to the Oslo site.

Denmark

OPCs began in Denmark in 2011, but the Danish government didn't fully remove legal prohibitions on OPCs until the Danish parliament legalized DCRs in June 2012.⁴⁸ The country currently has five fixed and two mobile OPCs in four locations and has never experienced fatalities.

Canada

Canada has the highest number of OPCs worldwide, with 38 (36 fixed and 2 mobile) sites in 18 cities. None of Canada's facilities have ever reported fatalities. In 2003, in Vancouver, Insite became Canada's first legal site and is the source of most existing research on Canada's OPCs. Aside from preventing lethal overdoses, Canada's OPCs help prevent the spread of hepatitis

C and HIV. They also provide other health care services for PWID. A study by the Vancouver Area Network of Drug Users found that "removing structural and environmental barriers that constrain access" to OPCs was pivotal "in establishing safer injecting routines."⁴⁹ Figure 5 shows the locations of OPCs in Canada and the most recently available data from Insite.

Iceland and Greece

Iceland's supreme national parliament legalized OPCs in May 2020.⁵⁰ Its first center, a mobile unit, began operating in 2022.

Greece's parliament approved OPCs in 2019.⁵¹ The sites must obtain a license from the Ministry of Health and must keep a registry of clients. A fixed facility opened in Greece in 2022.

Figure 5

Canada has 38 overdose prevention centers



Total centers	38
Mobile units	2
First center appeared	2003
Clients	312 visits/day (2019)
Injections	113,880
Overdoses	4,763 (2017–2019)
Overdose deaths	0

Source: "Insite User Statistics," Vancouver Coastal Health.

Note: All data for clients, injections, and overdoses pertain to Insite, in Vancouver.

POLICY RECOMMENDATIONS

OPCs are currently saving lives throughout the developed world. The U.S. Congress should remove federal barriers to creating them.

Ideally, Congress should end drug prohibition and devolve regulatory authority to the states, as it did when it repealed alcohol prohibition in 1933.⁵² Federally legalizing all drugs would allow harm-reduction organizations to operate facilities where people can consume drugs more safely. An added benefit is that legal, competitive markets combined with product liability tort laws would make drug use safer by holding drug makers and sellers accountable if they mislead their customers or if proper use of their products harms consumers. As with alcohol, some consumers would develop substance use disorder. As with alcohol addiction, however, policymakers and the public would be more likely to view substance use disorder as a private health matter, and the elimination of a stigma would make seeking and getting help easier for people with addiction.

A second-best solution would be for Congress to decriminalize all drugs, as Portugal did in 2001.⁵³ Under decriminalization, the government would not punish users for possessing or using illicit substances or drug paraphernalia, including using them in OPCs. Because the manufacture and sale of drugs remains illegal, however,

NOTES

1. Leana S. Wen, “The Biden Administration’s Bold Embrace of Harm Reduction Will Save Lives,” *Washington Post*, July 12, 2022.
2. Many European harm-reduction organizations call overdose prevention centers “drug consumption rooms,” “consumption rooms,” or “injecting rooms.”
3. “It is unlawful to knowingly lease, rent, use, or maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing, or using any controlled substance.” 21 U.S.C. § 856, “Maintaining Drug-Involved Premises.”
4. “Provisional Drug Overdose Death Counts,” Vital Statistics Rapid Release, Centers for Disease Control and Prevention, National Center for Health Statistics, February 9, 2022; and Hawre Jalal et al., “Changing Dynamics of the Drug Overdose

users would still obtain drugs through the black market and would not be sure of the drug dosage and purity. Drug decriminalization is, therefore, not as safe for users as legalization. Still, decriminalizing all drugs removes obstacles to OPCs and other harm-reduction strategies.

A third-best solution would be for Congress to repeal 21 U.S.C. Section 856, the so-called “crack house” statute. Repealing the statute would get the federal government out of the way of local harm-reduction organizations that are ready to establish and run OPCs.

Finally, if Congress cannot repeal the “crack house” statute, it should at an absolute minimum amend existing federal law so harm-reduction organizations can establish and run OPCs.

CONCLUSION

OPCs have a more-than-30-year track record of preventing overdose deaths, HIV and hepatitis, and other diseases, and of helping people with substance use disorder find treatment. As of August 2022, 147 OPCs are providing services in 91 communities in 16 countries. They continue to gain acceptance as an effective tool for reducing the dangers of using drugs obtained through the increasingly deadly black market. Congress should remove federal barriers to OPCs in the United States.

Epidemic in the United States from 1979 through 2016,” *Science* 361, no. 6408 (September 21, 2018).

5. Sarah Beller, “Infographic: The ‘Iron Law of Prohibition,’” *Filter Magazine*, October 3, 2018; Leo Beletsky and Corey S. Davis, “Today’s Fentanyl Crisis: Prohibition’s Iron Law, Revisited,” *International Journal on Drug Policy* 46 (August 2017): 156–59; and David J. Bier and Jeffrey A. Singer, “No, Biden’s Immigration Policies Are Not to Blame for the Fentanyl Crisis,” *Washington Post*, October 27, 2022.

6. Lori Ann Post et al., “Geographic Trends in Opioid Overdoses in the US from 1999 to 2020,” *JAMA* 5, no. 7 (July 28, 2022): e2223631; and Jeffrey A. Singer, “Modelers Predict a Huge Wave of Overdose Deaths Will Soon Fall upon Us,” *Cato at Liberty* (blog), Cato Institute, August 29, 2022.

7. Jeffrey A. Singer, “Harm Reduction: Shifting from a War

on Drugs to a War on Drug-Related Deaths,” Cato Institute Policy Analysis no. 858, December 13, 2018.

8. “Syringe Services Programs,” National Institutes of Health, National Institute on Drug Abuse, March 25, 2022; and Jeffrey A. Singer, “More Evidence in Support of Needle Exchange Programs,” *Cato at Liberty* (blog), Cato Institute, November 3, 2019.

9. Analisa Packham, “Syringe Exchange Programs and Harm Reduction: New Evidence in the Wake of the Opioid Epidemic,” *Journal of Public Economics* 215 (November 2022).

10. Jeffrey A. Singer and Sophia Heimowitz, “Drug Paraphernalia Laws Undermine Harm Reduction: To Reduce Overdoses and Disease, States Should Emulate Alaska,” Cato Institute Policy Analysis no. 929, June 7, 2022.

11. Alex H. Kral et al., “Transition from Injecting Opioids to Smoking Fentanyl in San Francisco, California,” *Drug and Alcohol Dependence* 227 (October 1, 2021); Daniel Ciccarone, “Heroin Smoking Is Not Common in the United States,” *JAMA Neurology* 74, no. 4 (March 11, 2019); and Erika Edwards, “Once Feared, Illicit Fentanyl Is Now a Drug of Choice for Many Opioid Users,” *NBC News*, August 7, 2022. Heroin smoking has historically been more popular in Europe. In the United States, heroin and fentanyl users are increasingly switching from injecting to smoking or other forms of inhalation. Some switch because they are running out of injectable veins. Others view inhalation as a form of harm reduction because it avoids using or sharing contaminated needles that risk HIV, hepatitis, and other infections. Some believe they can more carefully calibrate the dose of fentanyl by inhaling until they achieve the desired effect and reduce the risk of overdosing. Finally, because illicit fentanyl often is in pill form, users sometimes find it easier to crush and smoke the fentanyl than to liquefy and inject it.

12. Jeffrey A. Singer, “Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths,” Cato Institute Policy Analysis no. 858, December 13, 2018; see also “Supervised Consumption Sites,” Vancouver Coastal Health.

13. “What Is the Effectiveness of Supervised Injection Services?” *Ontario HIV Treatment Network Rapid Review* no. 83, May 2014; Steven Petrar et al., “Injection Drug Users’ Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility,” *Addictive Behaviors* 32, no. 5 (May 2007); and Kora DeBeck et al., “Injection Drug Use Cessation and Use of North America’s First Medically Supervised Safer Injecting Facility,” *Drug and Alcohol Dependence* 113, nos. 2–3 (January 15, 2011).

14. Kate Dolan et al., “Drug Consumption Facilities in Europe

and the Establishment of Supervised Injecting Centres in Australia,” *Drug and Alcohol Review* 19, no. 3 (2000): 337–46.

15. Tim Rhodes and Dagmar Hedrich, eds., “Harm Reduction: Evidence, Impacts and Challenges,” EMCDDA Monographs, European Monitoring Centre for Drugs and Drug Addiction, 2010.

16. Alex H. Kral et al., “Evaluation of an Unsanctioned Safe Consumption Site in the United States,” *New England Journal of Medicine* 383 (August 6, 2020): 589–90; and Jeffrey A. Singer, “The Secret Safe Injection Facility That Is Saving American Lives,” *Cato at Liberty* (blog), Cato Institute, May 1, 2019.

17. Casey Metzger, “Analysis: Safety Underground: Waiting for Safe Injection Sites, Users Seek Spaces and Professionals Discreetly,” *South Seattle Emerald*, November 14, 2019; Graham Johnson, “‘Dozens’ of Underground Heroin-Injection Sites Operating Now in King County,” *KIRO7*, November 12, 2018; and “‘Dozens and Dozens’ of Underground Safe Injection Sites in Seattle,” *MyNorthwest*, November 1, 2018.

18. “United States v. Safehouse,” Safehouse, Philadelphia, PA.

19. Jeffrey A. Singer, “How RI Can Help Bring Safe Injection Sites Out of Shadows in US,” *Providence Journal*, August 15, 2021; and Lynn Arditi, “Communities Are Divided over Rhode Island’s Plan for Safe Drug Injection Sites,” *NPR*, April 14, 2022.

20. Jeffrey A. Singer, “New York City Joins Philadelphia’s and Rhode Island’s Effort to Create Safe Consumption Sites in Defiance of Federal Law,” *Cato at Liberty* (blog), Cato Institute, November 30, 2021; and Alex Norcia, “Safe Consumption Sites Are Opening in New York City,” *Filter*, November 30, 2021.

21. “Senator Wiener’s Safe Consumption Site Bill Receives Final Senate Sign-Off, Heads to Governor Newsom,” press release, Scott Weiner, Senate District 11, August 3, 2022; and Jeffrey A. Singer, “Eleventh Hour Veto Prevents Californians from Trying a New Solution to a Big Problem,” *Cato at Liberty* (blog), Cato Institute, August 22, 2022.

22. “Overdose Prevention Centers,” National Institutes of Health, National Institute on Drug Abuse, n.d., p. 5; Chloé Potier et al., “Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review,” *Drug and Alcohol Dependence* 145, no. 1 (December 2014): 48–68; Salaam Semaan et al., “Potential Role of Safer Injection Facilities in Reducing HIV and Hepatitis C Infections and Overdose Mortality in the United States,” *Drug and Alcohol Dependence* 118, nos. 2–3 (November 2011): 100–10; and Brandon D. L. Marshall et al., “Reduction in Overdose Mortality after the

Opening of North America's First Medically Supervised Safer Injecting Facility: A Retrospective Population-Based Study," *The Lancet* 377, no. 9775 (April 2011): 1429–37.

23. Kate Dolan and Alex Wodak, "Final Report on Injecting Rooms in Switzerland," Brugerforeningen, July 26, 1996.

24. "Drug Consumption Rooms in Germany: A Situational Assessment by the AK Konsumraum," Deutsche AIDS-Hilfe and Azkept, September 2011.

25. Wendy Stueck, "The Arguments For and Against Vancouver's Supervised Injection Site," *Globe and Mail*, May 11, 2011.

26. Alex H. Kral et al., "Evaluation of an Unsanctioned Safe Consumption Site in the United States," letter to the editor, *New England Journal of Medicine* 383, no. 6 (July 8, 2020): 589–90.

27. "Mayor de Blasio Announces Nation's First Overdose Prevention Center Services to Open in New York City," press release, November 30, 2021.

28. "Overdoses Continue to Rise in NYC as Harm Reduction Programming Scales Up," New York City Department of Health, April 14, 2022.

29. "Health and People Who Use Drugs: Recommendations for the UPR of Belgium," International Drug Policy Consortium, April 20, 2021.

30. "Injecting Room Opens in Liege," VRT NWS, September 5, 2018; Pierre Smith et al., "How to Overcome Political and Legal Barriers to the Implementation of a Drug Consumption Room: An Application of the Policy Agenda Framework to the Belgian Situation," *Addiction Science and Clinical Practice* 14, no. 40 (2019).

31. David Goodman-Meza et al., "Impact of an Overdose Reversal Program in the Context of a Safe Consumption Site in Northern Mexico," *Drug and Alcohol Dependence Reports* 2, (March 2022).

32. Carolina Romero, "Mexicali Offers Safe Spot for Heroin Addicts," *El Universal*, November 23, 2018.

33. Wouter de Jong and Urban Weber, "The Professional Acceptance of Drug Use: A Closer Look at Drug Consumption Rooms in the Netherlands, Germany and Switzerland," *International Journal of Drug Policy* 20, no. 2 (April 1, 1999): 99–108.

34. Eberhard Schatz and Marie Nougier, "Drug Consumption

Rooms: Evidence and Practice," International Drug Policy Consortium briefing paper, June 2012.

35. *Federal Act on Narcotics and Psychotropic Substances*, Swiss statute 812.121, enacted October 3, 1951, amended March 20, 2008.

36. Wouter de Jong and Urban Weber, "The Professional Acceptance of Drug Use: A Closer Look at Drug Consumption Rooms in the Netherlands, Germany and Switzerland," *International Journal of Drug Policy* 20, no. 2 (April 1, 1999): 99–108.

37. Wouter de Jong and Urban Weber, "The Professional Acceptance of Drug Use: A Closer Look at Drug Consumption Rooms in the Netherlands, Germany and Switzerland," *International Journal of Drug Policy* 20, no. 2 (April 1, 1999): 99–108.

38. Eberhard Schatz and Marie Nougier, "Drug Consumption Rooms Evidence and Practice," briefing paper, International Drug Policy Consortium, June 2012.

39. "Uniting Medically Supervised Injecting Centre," Community Impact, Uniting.

40. Personal communication with Mark Bartlett, research coordinator at Uniting, July 2022; Bartlett provided all MSIC–Sydney data.

41. Joseph Power et al., "Overdose Risk and Client Characteristics Associated with the Injection of Buprenorphine at a Medically Supervised Injecting Center in Sydney, Australia," *Substance Use & Misuse* 54, no. 10 (2019): 1648.

42. Vendula Belackova et al., "Drug Consumption Rooms: A Systematic Review of Evaluation Methodologies," *Drug and Alcohol Review* 38, no. 4 (May 2019): 406–22.

43. "Review of the Medically Supervised Injecting Room," Victoria Department of Health and Human Services, Australia, June 2020.

44. A. Pinto de Oliveira et al., "First Year of Implementation of a Drug Consumption Room in Lisbon: The Client's Profile," *European Journal of Public Health* 30, issue supp. no. 5 (September 30, 2020).

45. "Spain: Where Drug Consumption Is Not a Crime," *Euronews*, June 11, 2013.

46. Salim Mezaache et al., "Changes in Supervised Drug-Injecting Practices Following a Community-Based Educational Intervention: A Longitudinal Analysis," *Drug*

and Alcohol Dependence 192 (November 1, 2018): 1–7.

47. “France to Create a Network of ‘Safe Consumption Sites’ for Drug Addicts,” *The Local*, September 29, 2021.

48. “Denmark Legalises Consumption Rooms,” *International Drug Policy Consortium*, June 14, 2012.

49. Ryan McNeil et al., “‘People Knew They Could Come Here to Get Help’: An Ethnographic Study of Assisted Injection Practices at a Peer-Run ‘Unsanctioned’ Supervised Drug Consumption Room in a Canadian Setting,” *AIDS and Behavior* 18, no. 3 (2014): 473.

50. Larissa Kyzer, “Althingi Legalizes Safe Injection Sites,”

Iceland Review, May 21, 2020.

51. “Parliament Approves Creation of Safe Spaces for Drug Use,” *Kathimerini*, July 3, 2019.

52. NCC Staff, “Five Interesting Facts about Prohibition’s End in 1933,” National Constitution Center, December 5, 2022.

53. Glenn Greenwald, “Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies,” Cato Institute white paper, April 2, 2009; Drug Policy Alliance, “Drug Decriminalization in Portugal: A Health-Centered Approach,” February 2015; and Naina Bajekal, “Want to Win the War on Drugs? Portugal Might Have the Answer,” *Time*, August 1, 2018.



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