

OPERATIONAL CONSIDERATIONS

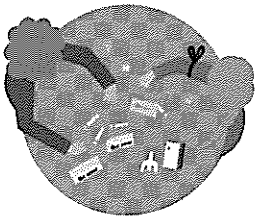
Overdose prevention centers (OPCs) are safe, monitored spaces where people can use their own drugs. They can operate in many different ways and, ultimately, the way an OPC operates should be based on the needs of the specific community it's located in. To ensure that OPCs are accessible and appropriate for their local communities, it's important that people who use drugs are involved in the planning and implementation of these sites.

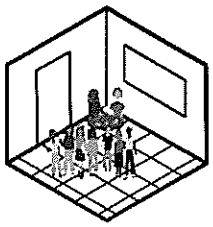
OPCs can operate as stand-alone sites, be integrated into larger harm reduction or healthcare organizations, or be mobile.[1,2]



Existing research has identified the benefits of integrating OPCs into existing harm reduction and healthcare organizations that are trusted by the community. These benefits include allowing clients to access other services, providing anonymity for clients who may be using the OPC, and potentially garnering more support from the community than a stand-alone site.[2,3]

Based on client needs and available resources, OPCs can have many different layouts and designs.

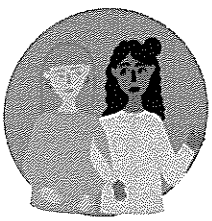




To accommodate clients' different preferences, existing studies emphasize the importance of having a flexible space. In the room where clients consume drugs, for example, providing a mix of private spaces and communal tables can accommodate clients' different preferences when using.[2,3]

Studies exploring client preferences for OPC designs have emphasized the importance of having a space where clients can go after using to relax and be monitored by the OPC staff for signs of overdose.[2,3] This post-consumption observation room can also be an important space to provide clients with additional services such as food, beverages, and peer support.[3]

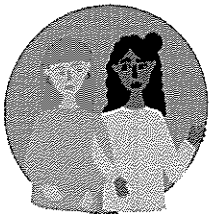
OPCs can also operate under many different staffing models.[1,3]



Staff can include healthcare professionals, counselors, and/or peers. An interdisciplinary staffing model has been found to be a facilitator of use for potential OPC clients.[1,3] Notably, research has shown the importance of having staff members with lived experience of drug use.[2,4] Peer staffing and leadership has been found to make clients feel more comfortable, make services more accessible, and facilitate social connection for clients.[5-7]

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OPCs can also tailor their services to meet the needs of different populations



Because specific populations such as women and gender-diverse individuals face additional barriers in accessing harm reduction services, research has shown that spaces or sites specifically catered to these populations can make OPC services more accessible and equitable.[8]

Barriers to use

Research has found that police presence and surveillance are major barriers to OPC use.[3,9-11] A 2022 scoping review found that, across 12 studies that reported on the impact of policing on OPCs, all found that police presence inside or in close proximity to an OPC would discourage potential clients from using the services.[2]

To navigate this, one study recommends establishing police liaisons and boundary agreements with local police to establish an area around the OPC in which police will not arrest individuals using drugs.[3] Another study describes how one OPC was able to negotiate with local police to ensure clients could use the site without police interference.[7]

Confidentiality and privacy have also been identified as major concerns for potential OPC clients.[3,10]

Other barriers to use include logistical challenges such as wait times and transportation.[9,10]

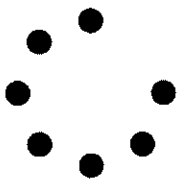
Potential OPC clients having concerns about:



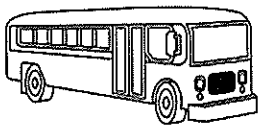
Presence of Police



Lack of Privacy



Wait Times



Lack of Transportation