

Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, March 4, 2024
6:30 pm
Minutes by Aidan Giasson

Welcome and Introductions

Board Members Present: Interim Chair Frances Anthes, Vice Chair Chareese Allen, Gary Rosen, Leopoldo Negrón Cruz

Staff Present: Dr. Matilde Castiel, Commissioner of HHS; Dr. Mike Hirsh, Medical Director; Soloe Dennis, Director of DPH and CMRPHA; Ian Wong, Deputy Director of DPH; Ameliah Houghton, Chief of Public Health Nursing

Guests Present: John Odell, COW Chief of Dept. of Sustainability & Resilience; Henry Schwan, Worcester Telegram & Gazette; Patricia Hobbes, Green Island Resident; Karen Riley-McNary, Latin American Health Alliance/Union Hill Resident; Nicole Bell, Worcester Resident; Michael Eariete, Everyday Miracles/Spectrum; Erik Garcia, UMass Memorial Health, Elle Martinez, Aids Project Worcester;

Online Guests: Aileen Lovejoy; Jennie Savage; Dr. Brandon Marshall, Professor & Chair of Epidemiology at the Brown University School of Public Health; Ilaria Fiorenza, HHS Staff; Leah Maroney, HHS Staff; Oami Amarasingham; Etel Haxhijaj, Worcester City Councilor; Henock Assefa, HHS Staff; Jennie Savage; Deirdre Calvert, Director of Bureau of Substance Addiction Services MDPH; Dr. Kavita Babu, Emergency Physician at UMass Memorial;

Review and Approve January 29 to February 5 Meeting Minutes

Chareese Allen made a motion to approve the minutes from January 29, 2024. Leopoldo Negrón Cruz seconded the motion. All members voted in favor of approving the minutes as written.

Gary Rosen made a motion to approve the minutes from February 5, 2024. Chareese Allen seconded the motion. All member voted in favor of approving the minutes as written.

Covid Update

Dr. Hirsh provided an update on COVID infections. Worcester County is down 40% in new cases of COVID in the last two weeks. The wastewater numbers have dropped down to November levels which indicates a return to baseline. Only 20% of the population has taken advantage of the monovalent booster that targets the omicron variant and reduces the level of sickness that people who contract COVID experience.

The CDC has issued new recommendations for when you contract COVID, which now say that if you are asymptomatic and/or not taking fever reducing medication than you only need to isolate for the days you feel sick, but you must wear a mask for five additional days. The Massachusetts Department of Public Health has not adopted these recommendations and is still suggesting a five-day isolation period, but modifications are most likely on the way.

RSV numbers are significantly lower as of mid-February. This has not been a very terrible flu season, but the flu is still out there.

Due to the mild winter, we are going to need to be more vigilant regarding insect-borne illness. Dr. Hirsh said DPH will be promoting their normal recommendations of the [5Ds](#) , Drain, Dress, Deet, Dawn & Dusk. In response to Chair Anthes, Dr. Hirsh says that the Board of Health (BOH) should discuss diseases caused by ticks and mosquitos in May.

In response to Mr. Rosen’s question about the monovalent vaccine, Dr. Hirsh stated that the CDC recommends that high risk patients get a second dose of that vaccine after their initial dose. They are hoping to develop these vaccine doses to work for an entire year, but they are still figuring out how to track the variants.

Dr. Hirsh highlighted a study in the New England Journal of Medicine that showed it took a long time for people to recover from COVID related brain fog. This may be related to a form of Long COVID that chronically damages brain cells. They noticed on average a drop of 10 IQ points in the patients in this study.

Green Worcester Plan: What We Plan to Do and What We Have Done

John Odell, the Chief of Sustainability & Resilience for the City of Worcester presented the Green Worcester Plan. Mr. Odell was invited to present based on the last months discussion by Dr. Judy Schaechter about the *Health Impacts of Climate Change* and the call from the BOH to learn more about where Worcester currently is in planning for the impacts of climate change. More information is found on slides at the end of the minutes.

Mr. Odell stated that between 2009-2019 Worcester has had an overall 3% decrease if Greenhouse Gas (GHG) Emissions. He wanted to make sure we are all aware that these numbers will be updated sometime this spring which will bring the data up to 2023. Mr. Odell said while 3% shows we are headed in the right direction, it is not fast enough and we will need to pick up the pace in the coming years to meet the goal to be at 0 by 2050.

The Green Worcester vision is to become the greenest mid-size city in the country and to be powered 100% by clean and affordable energy. With a telephone survey in 2020, almost 9 out of 10 residents interviewed believed Worcester becoming more sustainable is important (more survey data on slide 4).

The Green Worcester plan is a broad strategic framework for sustainability and resilience. It is not a specific plan that goes through all the details of what we need to do. The plan is focused on needed efforts by City leadership in partnership with residents, businesses, institutions, nonprofit organizations, state and federal governments.

Mr. Odell noted that they have sub plans that are more detailed and feature all possible actions or interventions to achieve the goals but that is not part of the Green Worcester Plan. For example, in coming months the city will issue the Urban Forest and Zero Waste Master Plans which will inform the Green Worcester Plan (slide 6).

The three “lenses” the plan is guided by are equity, health, and prosperity (slide 7). Mr. Odell discussed in more detail the Health Lense, by stating that based on a Harvard research study, 195 people in Worcester



every year may die prematurely due to exposure to fossil fuel pollution. He noted that regions with the highest concentrations of fossil fuel-related air pollution have the highest mortality rates.

The Goals for the Green Worcester Plan

- Goal 1: 100% Clean and Affordable Energy (slide 9)
- Goal 2: Net-Zero and Climate Resilient Buildings (slide 10)
- Goal 3: Climate Change Resilience (slide 11)
- Goal 4: Connected Green and Blue Spaces with Healthy natural Systems (slide 12)
- Goal 5: Sustainable Transportation Choices (slide 13)
- Goal 6: Zero Waste (slide 14)
- Goal 7: Integrated Water Management (slide 15)
- Goal 8: Sustainable Local Food Systems (slide 16)
- Goal 9: Pollution Prevention (slide 17)
- Goal 10: Sustainability, Resilience, and Green Education in All Policies (slide 18)

Implementation: Stewardship, Transparency and Accountability (slide 19,20,21)

- Annual Green Worcester Progress Report
- [Sustainability and Resilience Dashboard](#)
- Received two state Municipal Vulnerability Preparedness Grants to install two Miyawaki Forests (Locations: McGrath Municipal Parking Lot & Plumley Village) and two CoolPockets which will help combat urban heat island effect (Locations: Columbus Park Elementary School & Vernon Hill Park)
- [Electronic Vehicle Charging Station Installations](#)
- City-owned Solar Arrays (groups of solar panels)
- Bid new Energy Savings Performance Contracts – spring 2024
- Apply for large EPA funded grant

Mr. Odell would like the help of the BOH and DPH to reach networks they are not connected to. He wants to ensure that everyone in the community is involved in the choices being made if they want to be. In the long-term, Mr. Odell would like to work on crafting projects and programs on indoor air quality because we can have a lot of potential control over it, and indoor environments can be 2 to 5 times worse than outdoor air quality. We can help make changes in people's homes to lower the number of pollutants in the homes, and as a byproduct, make them more sustainable. The Board members thanked Mr. Odell for his presentation and asked follow up questions.

Overdose Prevention Center Discussion

Dr. Matilde Castiel, the Commissioner of Health and Human Services for the City of Worcester, presented on harm reduction and overdose prevention centers (OPCs) which are also known as safe injection sites. 140 Worcester residents died of an opioid-related overdose in 2022, which is the worst year on record. There has been a significant increase in overdose mortality from 2012 to 2022 and this increase has been seen not only in Worcester but all over the Commonwealth of Massachusetts. The attached slides provide more information.

Most of these overdose deaths are not heroin related but are caused by fentanyl, xylazine, and/or other drugs. People are unintentionally consuming fentanyl and xylazine because these substances are added to street drugs. The Black, Latino, and Native American communities have all seen dramatic increases in overdose deaths.

OPCs are a method of harm reduction to help decrease overdose mortality. The City along with agencies like AIDS Project Worcester use other harm reduction strategies such as Narcan and fentanyl strip distribution, which will complement a OPC.

Overdose Prevention Centers (OPC) Facts

- OPCs spaces are where people who use drugs can consume pre-obtained controlled substances under the supervision of trained staff.
- OPC clients can access medical care and other support services, including referral to treatment programs.
- There are ~200 OPCs operating in ~14 countries
- OPCs prevent overdose mortality, reduce HIV and Hepatitis C transmission, reduce public use, increase safe disposal of syringes, and increase access to medical and social services.
- OPCs don't increase the likelihood of overdose, or encourage people to use injection drugs, or attract drug dealers, or increase relapse rates, or act as a barrier for attendees seeking employment.

Dr. Castiel shared information about a facility in NYC that she visited that had mental health services, food, showers, medical services and much more. She explained that there has never been an overdose mortality in any Overdose Prevention Center. At the centers, staff check the drugs so that users are aware what is in the drugs and the center is prepared to handle a possible overdose if it occurs.

Brandon Marshall, the founding director of People, Place & Health Collective and Professor & Chair of Epidemiology at the Brown University School of Public Health took over for the second half of the OPC discussion to discuss OPC research. Mr. Marshall is originally from Vancouver, Canada where the first OPC opened over 20 years ago and has studied the sites for many years (Photos on slides 14-16).

Do OPCs reduce community overdose rates? (slides 18-21)

In a study led by Mr. Marshall which tracked deaths in Vancouver before and after an OPC opened, he found an overall 35% reduction in overdose mortality in the area in which the facility was located. He also cites a similar study in Toronto with a more significant reduction in overdose mortality in the area surrounding the OPC.

Do OPCs help people enter treatment? (slide 23)

A study looking at the facility in Vancouver examined 621 people not enrolled in any form of addiction treatment at baseline and followed them for two years. They found that 42% of the participants accessed some form of addiction treatment by 24 months after starting to receive services.

Do OPCs have an impact on public disorder and crime? (slide 25-27)

A study in Vancouver showed a reduction in publicly discarded syringes, injection-related litter, and public injection drug use after the OPC opened. Mr. Marshall discusses a study of how after two OPCs opened in New York City, 911 calls for crime and medical emergencies went down by 16% and 33%, respectively in the neighborhoods in which they were located.

Deirdre Calvert, the Director of the Bureau of Substance Addition Services for the Commonwealth of Massachusetts confirmed with Chair Anthes that there are no laws preventing the Board from approving an OPC in Worcester.



The City of
WORCESTER

Public Health

Division of Public Health
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Family members of those struggling with addiction, community outreach workers, doctors and Elle Martinez, a representative from Aids Project Worcester the organization leading this project spoke in support of the establishment of a OPC in Worcester.

Leo Negrón Cruz made a motion that in order to support the reduction of overdose deaths in the City of Worcester, the Board of Health approves the creation of an Overdose Prevention Center as the first pilot program in Worcester pending legal approval of the state. Gary Rosen seconded the motion. All members voted in favor.

Next Meeting Dates and Topics

March 18 at 6:30

Tobacco Violation Hearing

April 1 at 6:30

Communicable Diseases and Long Covid

May (Date TBD) at 6:30

Ticks, Mosquitoes, and other insect-borne diseases

Adjournment

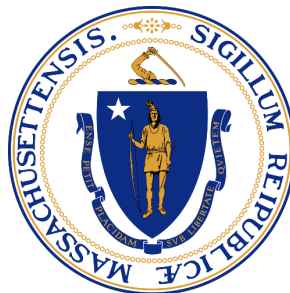
Gary Rosen moved to adjourn the meeting at 8:40 PM. Leo Negrón Cruz seconded the motion. All members voted in favor.

Green Worcester Plan and Ongoing Initiatives

February 26, 2024

Presented by: John Odell

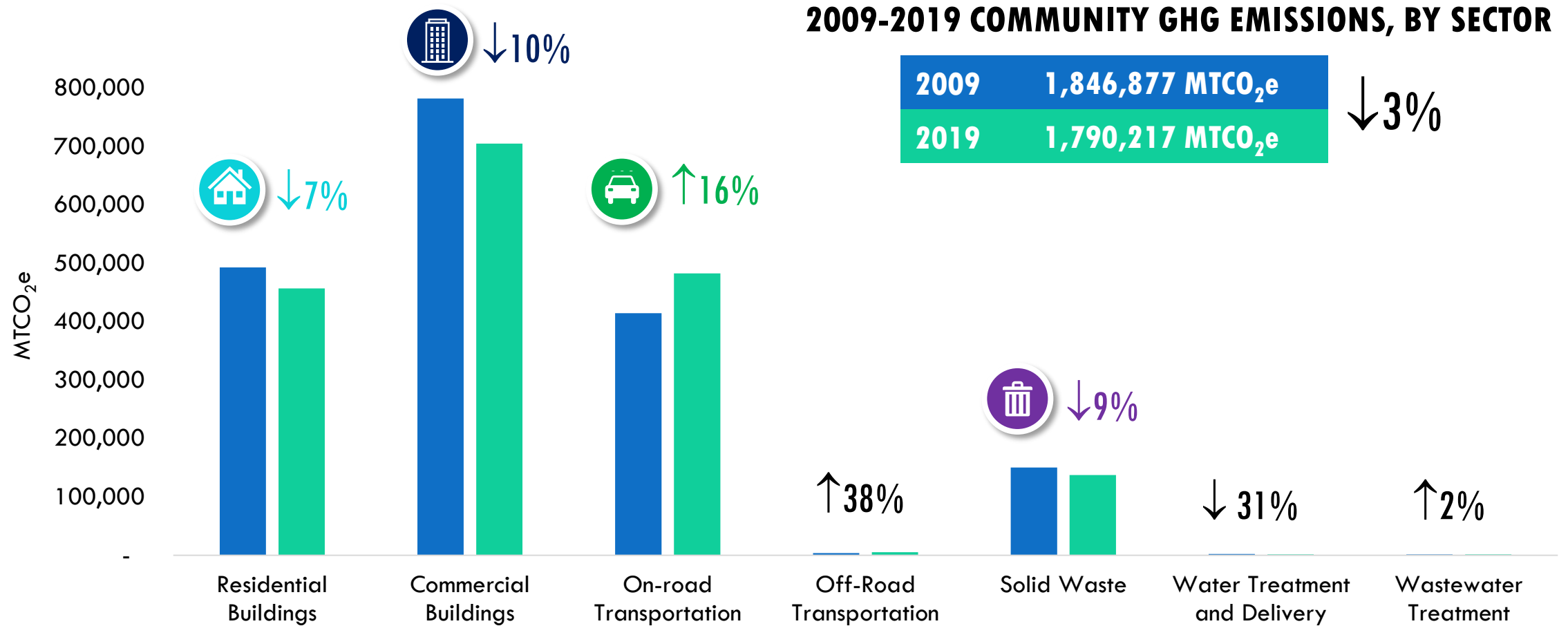
Chief, Dept. of Sustainability & Resilience



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WORCESTER: 2009-2019 COMMUNITY GHG EMISSIONS TRENDS BY SECTOR



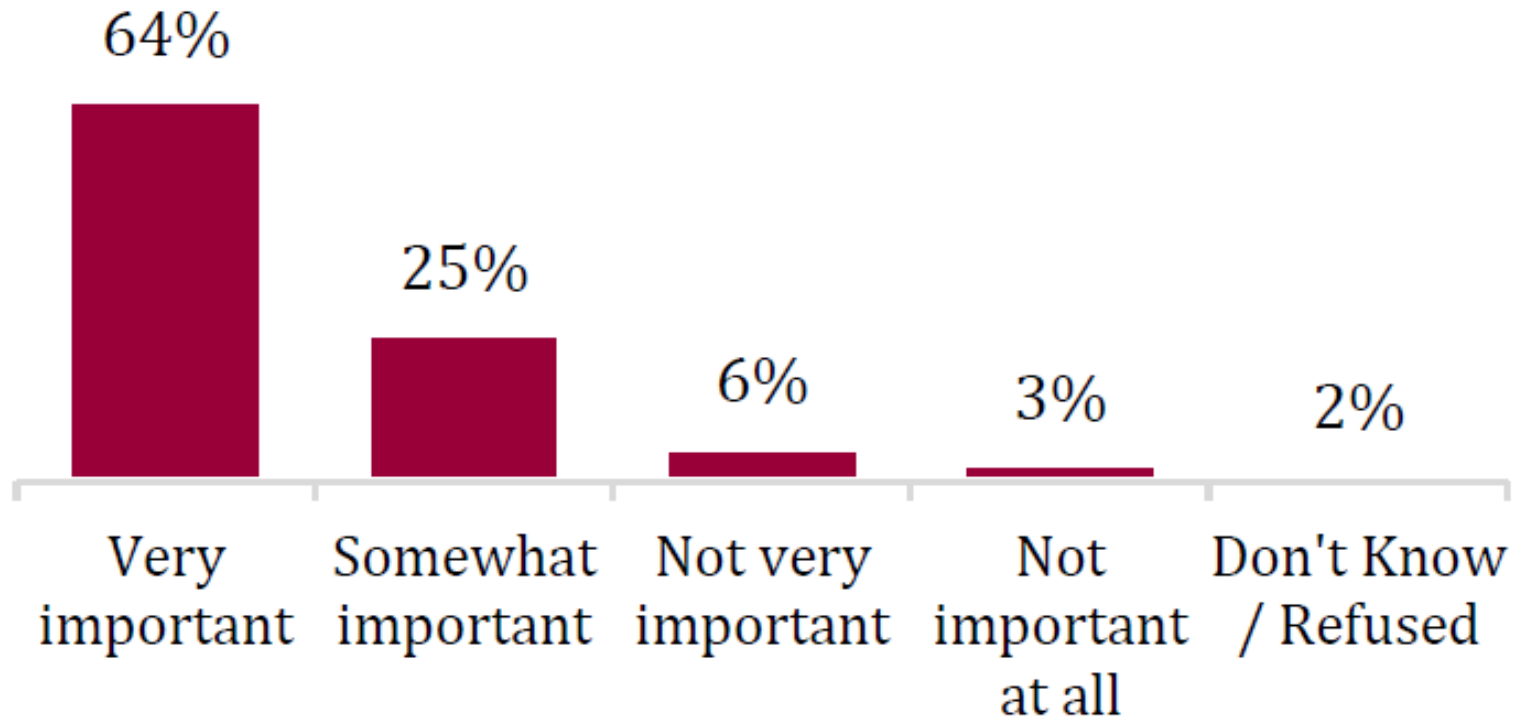
The Green Worcester vision:

To become the greenest mid-size city in the country!

- Powered 100% by clean and affordable energy, we will be physically, socially, and economically resilient to the impacts of climate change.
- Our commitment to sustainability and resilience will benefit everyone who lives, works, and studies in Worcester.



Survey Results: Worcester residents value making the city more sustainable



Q: How important is it to you that Worcester works on becoming a city that is "green" and sustainable?

- *Telephone survey of representative sample of Worcester residents (606 respondents – English and Spanish)*
- *People of Color: 74% “very important”*
- *Whites: 59% “very important”*



What the Green Worcester Plan is...

- A **broad strategic framework** for sustainability and resilience
- An **integrated and systematic approach** to making Worcester the “greenest” medium-size cities in the country.
- A plan **focused on City leadership**, goals, strategies and actions **in partnership** with residents, businesses, institutions, nonprofits, state and federal governments.



What the Green Worcester Plan is not...

- A prescriptive blueprint with detailed analysis or all possible actions or interventions to achieve the goals.
- Any of the existing or proposed municipal plans (listed below), or a Climate Action Plan.

Instead, the GWP is an integrated policy framework or umbrella plan, with further recommendations for new functional plans and integration with existing/upcoming municipal plans. Think Menu vs Recipe.

New Functional Plans to be Developed:	Other Related Existing Municipal Plans & Updates:
Pedestrian, Bicycle and Micromobility Plan	Complete Streets Plan
Urban Forestry Master Plan	Comprehensive or Master Plan
Zero Waste Master Plan	Comprehensive Health Improvement Plan
	Hazard Mitigation Plan
	Integrated Water Management Plan
	Municipal Vulnerability Plan
	Open Space and Recreation Plan

The Green Worcester Plan is guided by three “lenses.”

- **Equity:** All people have the same rights to live, work, and play in healthy environments and make decisions about their environments.
- **Health:** Ensure that policies and actions promote healthy outcomes and avoid harmful health impacts.
- **Prosperity:** Jobs and economic benefits for all from sustainable policies and initiatives.



Health Lense

- *More than 8 million people died in 2018 from fossil fuel pollution, significantly higher than previous research suggested, according to new research from Harvard University, in collaboration with the University of Birmingham, the University of Leicester and University College London. Researchers estimated that exposure to particulate matter from fossil fuel emissions accounted for 18 percent of total global deaths in 2018 — a little less than 1 out of 5. The extrapolated number of deaths for Worcester is 195 people.*
- *Regions with the highest concentrations of fossil fuel-related air pollution — including **Eastern North America**, Europe, and South-East Asia — have the highest rates of mortality, according to the study published in the journal [Environmental Research](#).*



Goal 1: 100% Clean and Affordable Energy

By 2030: 100% renewable energy for municipal facilities.

By 2035: 100% renewable electricity citywide.

By 2045: 100% renewable energy that includes heating and transportation.

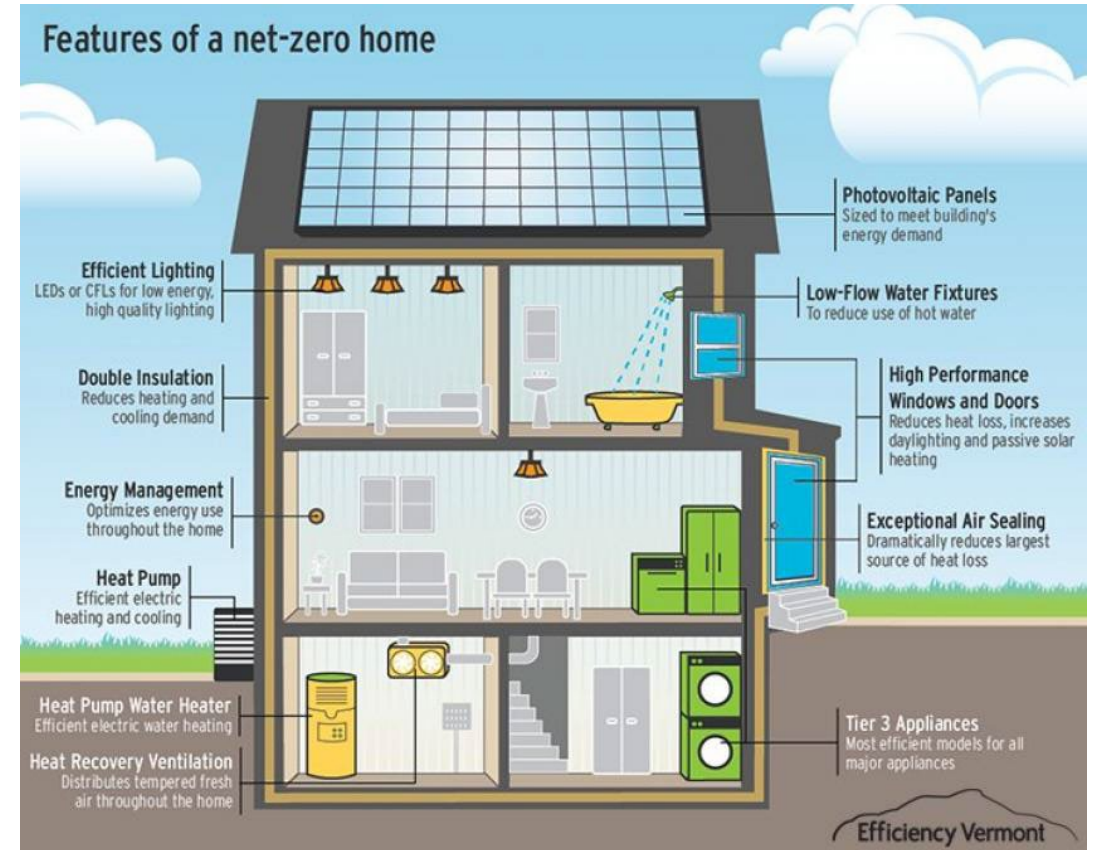


Goal 2: Net-Zero and Climate Resilient Buildings

Require new buildings to be net zero and climate-resilient, and promote deep energy retrofits of existing buildings.

Strategies:

- Use no fossil fuels as primary source of building energy in new City buildings
- Renewable electricity rather than fossil fuels for building energy systems
- Promote energy retrofits for existing buildings



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Goal 3: Climate Change Resilience

Make the city resilient to climate change impacts, such as extreme storms, flooding, and heat.

Strategies:

- Improve management of the stormwater system to mitigate flooding
- Give priority to green infrastructure to mitigate urban heat island impacts and flooding
- Protect critical city-owned buildings from climate change impacts
- Protect open spaces and water resources and expand the tree canopy

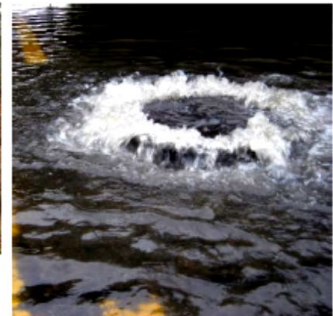


CITY OF WORCESTER



Municipal Vulnerability Preparedness Plan: Findings & Recommendations

June 2019



City of Worcester | Municipal Vulnerability Preparedness (MVP) Plan
Prepared by Kieinfelder; reviewed and approved by the City of Worcester
Page 1 of 38

June 24, 2019



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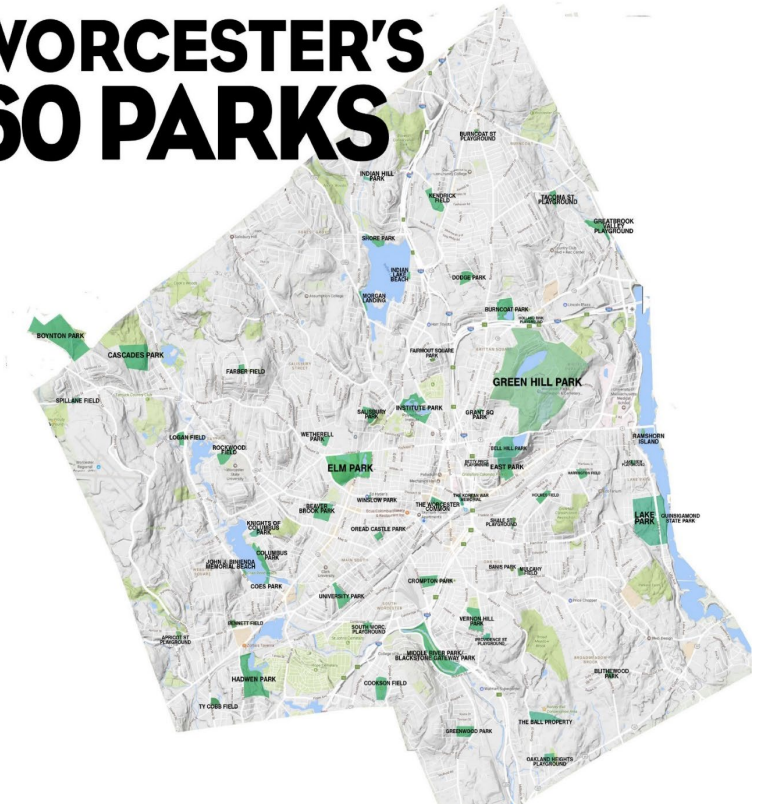
Goal 4: Connected Green and Blue Spaces with Healthy natural Systems

Maintain, improve, connect, and expand quality natural systems in a linked network of parks, open spaces, and water bodies, including street trees and public spaces.

Strategies:

- Develop and implement an Urban Forestry Plan
- Give high priority to green spaces in the urban core
- Connect open spaces

**WORCESTER'S
60 PARKS**



**20 LAKES
AND PONDS**

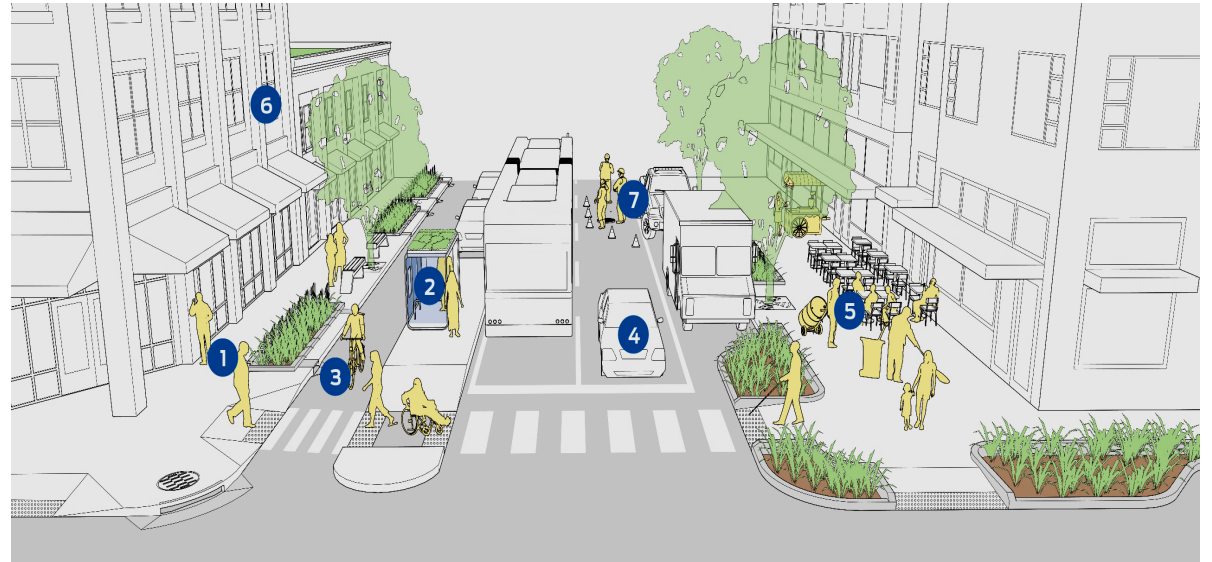


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Goal 5: Sustainable Transportation Choices

Provide safe, convenient, and comfortable pedestrian, bicycle, and public transportation networks and transition to vehicles powered by renewable electricity.



Strategies:

- Develop and implement a Pedestrian, Bicycle, and Micromobility Plan
- Shift more trips from cars to transit, biking, and walking
- Power most automobiles, trucks, buses, and trains with electricity
- Reduce automobile trips through efficient land use policies and development patterns



Goal 6: Zero Waste

Implement a plan to prevent – reduce – reuse – compost – and recycle waste.

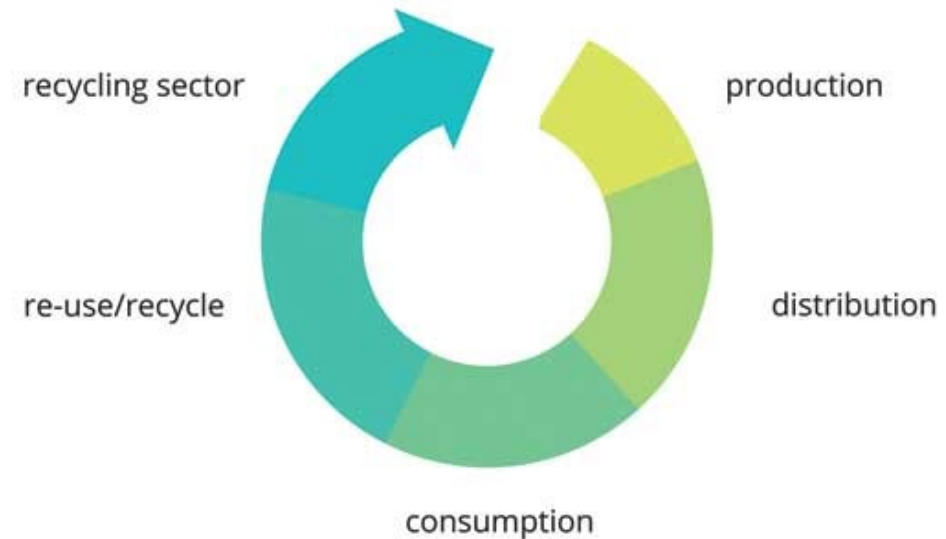
Strategies:

- Develop and implement a Zero Waste Master Plan
- Develop a residential green waste diversion program
- Require plans for sustainable disposal of construction and demolition waste
- Develop expanded city procurement policies to reduce waste and toxics

LINEAR ECONOMY



CIRCULAR ECONOMY

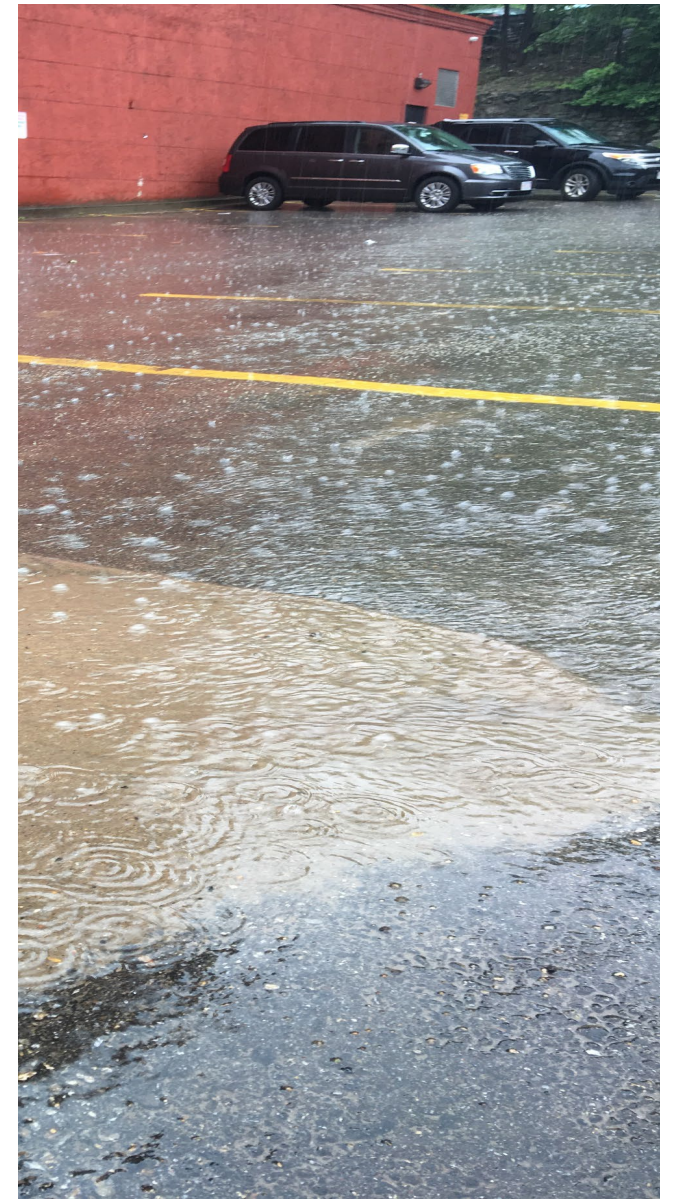


Goal 7: Integrated Water Management

Manage drinking water, wastewater, and stormwater as one resource; increase the use of natural green infrastructure to manage stormwater and to avoid flooding.

Strategies:

- Prioritize sustainability and resilience benefits when implementing the Integrated Water Management Plan.
- Identify and implement opportunities for green infrastructure in City facilities and landscapes.
- Reduce nonpoint source pollution on public and private property by establishing and promoting sustainable landscape practices that eliminate or minimize excess fertilizer, herbicide, and pesticide use.



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Goal: Sustainable Local Food Systems

Ensure that residents have access to food that is sustainably-produced, locally-sourced, healthy, affordable, and culturally-appropriate.

Strategies:

- Expand urban agriculture programs serving low-income and food-insecure populations
- Expand local food sourcing policies for the City and for institutions
- Promote development of the local food marketplace
- Develop a resilient regional food production, processing, and distribution system



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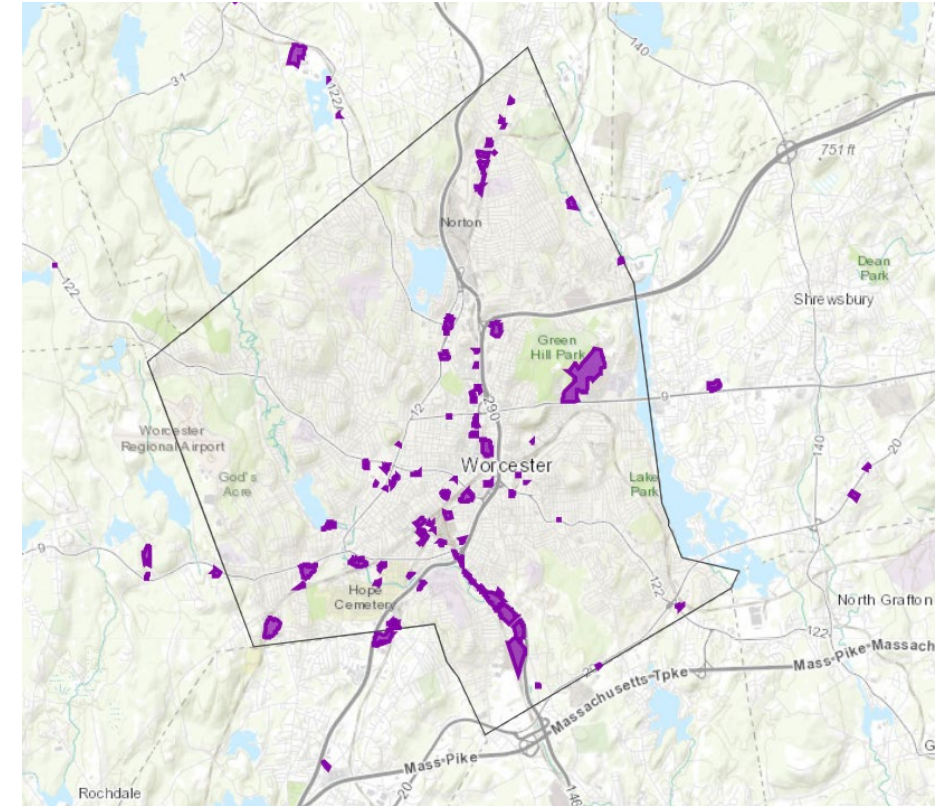
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Goal 8: Pollution Prevention

Ensure that residents breathe healthy indoor and outdoor air and are not exposed to contaminated soils and toxic products.

Strategies:

- Transition to less polluting transportation choices to further reduce air pollution hazards
- Continue lead abatement and brownfields programs, taking advantage of state and federal funding
- Continue and refine the Worcester Public Schools policies to reduce pollution and use of toxics
- Update the City's Environmentally Preferable Purchasing Policy



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Goal 9: Sustainability, Resilience, and Green Education in All Policies

- Implement integrated planning for quality of life, using sustainability and resilience criteria for land use, transportation, housing, and economic development planning and project evaluation.
- Make Worcester the regional center for sustainability education and training for green jobs.

Strategies:

- Integrate GWP goals and strategies into the City's Comprehensive Plan and land use policies.
- Promote “green education” to the public and in schools.
- Convene public and private partners to create a green workforce training initiative.



Goal 10: Implementation: Stewardship, Transparency and Accountability

- **Annual Green Worcester Progress Report** to the public on implementation
 - First report just completed. Public in the next two weeks.
- **Sustainability and Resilience Dashboard**
 - Complete and online
- **Promotion to private stakeholders**, such as businesses, institutions, faith communities, etc.
 - This is our 43nd public speaking event since July 2021
- **Pursue state, federal, and philanthropic funds**
 - Received two state MVP grants and applying for a large federal grant



Implementation: Stewardship, Transparency and Accountability

- **Ongoing Planning Efforts**

- Working with Dept of Transportation & Mobility on a Mobility Action Plan (due June 2024) and with DPW on a Zero Waste Master Plan (due December 2024)

- **EVCS installs**

- New installations at three city garages have been completed with new ones planned for McGrath Lot and the Green Island Blvd garage
- Additional EVCS are being installed at municipal facilities for fleet and personal use vehicles (DPW Admin, Inspectional Services, and School Bus depot)

- **Solar Arrays**

- 21 City-owned solar arrays with a total capacity of 12.5 mW-DC – equivalent to the power needed for 1604 homes for a year.
- Senior Center Array – 295 kW-DC – capacity equivalent to the power needed for 29 homes for one year. Array went online in May of 2023



Implementation: Upcoming and Ongoing Projects

- Bid new ESPC project - spring 2024
- Install 2 pilot Miyawaki forests and design 2 CoolPockets – spring 2024
- Complete the Drainage Master Plan in cooperation with DPW – spring 2024
- Complete 3 watershed plans (Coes Reservoir, Salisbury pond and Lake Quinsig and implement identified pollution mitigation projects – December 2026
- Apply for large EPA funded grant - ASAP



Thank you for listening!

John Odell - odellj@worcesterma.gov



Harm reduction and overdose prevention centers (OPCs)

Worcester Board of Health

March 4th, 2024

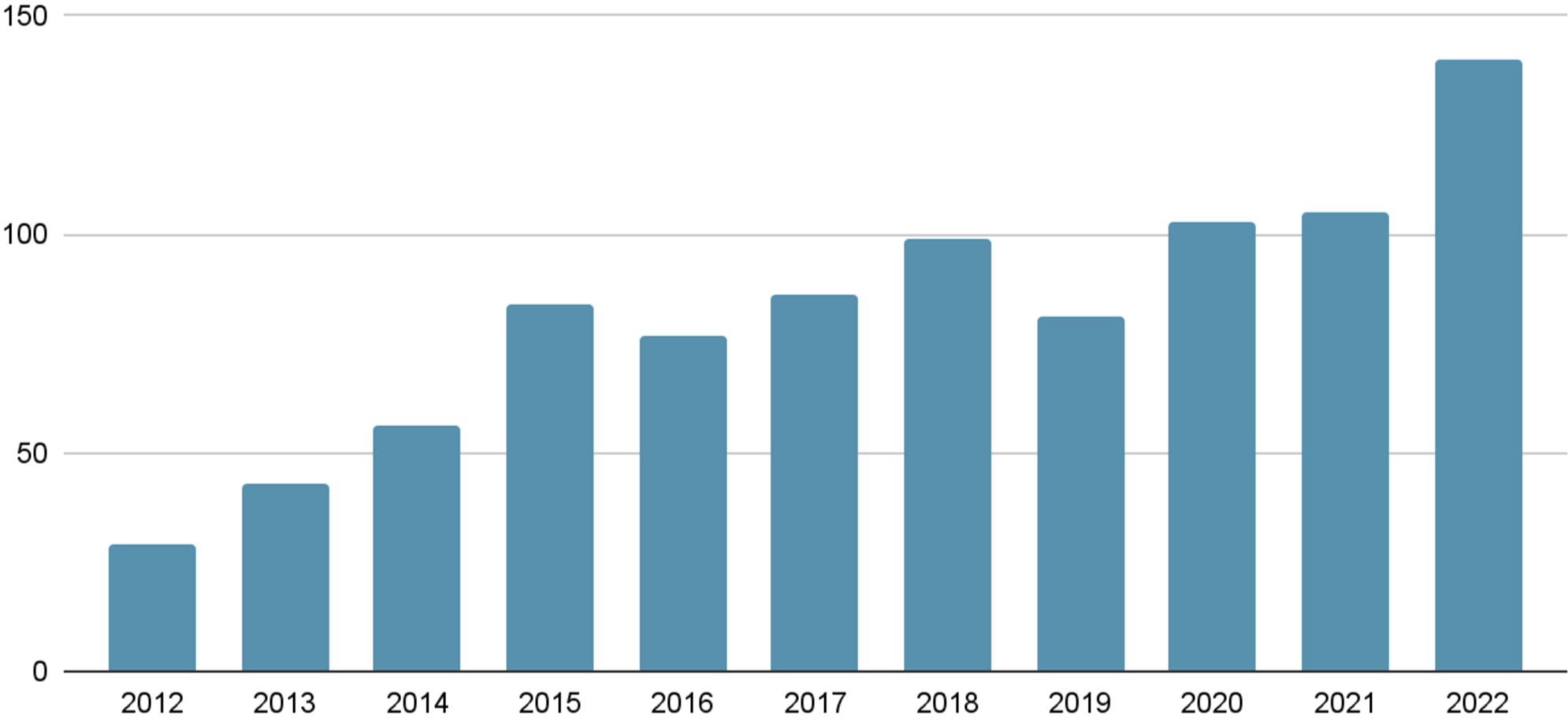
Matilde Castiel, MD

Commissioner of Health & Human Services

City of Worcester

140 Worcester residents died of an opioid-related overdose in 2022, the worst year on record

Number of Opioid-Related Overdose Deaths among Worcester Residents



Source: Commonwealth of Massachusetts (<https://www.mass.gov/doc/opioid-related-overdose-deaths-by-citytown-june-2023/downloads>)



Number of Opioid-Related Overdose Deaths, All Intent by County, MA Residents: 2012-2022

Massachusetts Department of Public Health

POSTED: JUNE 2023

County	Year of Death												Total 2012-2022	Percent Change 2022 vs. 2021
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022			
	Barnstable	24	43	53	67	81	67	71	73	76	80	86		740
Berkshire	16	22	29	32	35	30	40	39	56	62	48	418	-22.6%	
Bristol	95	115	145	172	243	239	218	260	233	293	277	2,372	-5.5%	
Dukes	0	1	5	7	3	2	4	3	6	5	6	42	20.0%	
Essex	93	119	205	236	274	301	273	279	254	291	276	2,658	-5.2%	
Franklin	8	10	11	18	14	9	22	17	20	36	27	198	-25.0%	
Hampden	59	69	64	98	130	113	209	199	215	213	227	1,642	6.6%	
Hampshire	11	30	26	16	36	28	38	39	34	44	37	349	-15.9%	
Middlesex	118	152	273	341	402	350	322	304	300	360	383	3,436	6.4%	
Nantucket	0	0	1	1	2	3	1	2	1	4	2	17	-50.0%	
Norfolk	70	82	125	164	213	167	170	129	156	163	160	1,663	-1.8%	
Plymouth	57	86	110	174	190	202	151	176	185	167	190	1,755	13.8%	
Suffolk	90	110	146	199	241	252	215	218	288	300	305	2,449	1.7%	
Worcester	91	115	162	222	246	250	281	267	280	281	331	2,608	17.8%	
Total Deaths	733	954	1,356	1,748	2,110	2,013	2,015	2,005	2,104	2,300	2,357	20,351	2.5%	

Technical Notes

- Data for 2020 to 2022 deaths are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. Many death certificates have yet to

Number of confirmed opioid-related overdose deaths for all intents by city/town of death occurrence

City/Town of Residence	Year of Death							
	2015	2016	2017	2018	2019	2020	2021	2022
Blandford	0	0	0	0	0	0	0	0
Bolton	0	1	1	0	0	1	0	0
Boston	232	264	284	247	258	311	330	352
Bourne	4	6	1	4	4	6	2	9
Boxborough	0	0	1	0	0	1	1	0
Wareham	-	-	-	-	-	-	-	-
Woburn	1	9	10	8	6	13	14	10
Worcester	122	112	123	135	144	132	123	168
Worthington	0	0	0	0	0	0	0	0
Wrentham	3	1	2	1	1	0	0	2

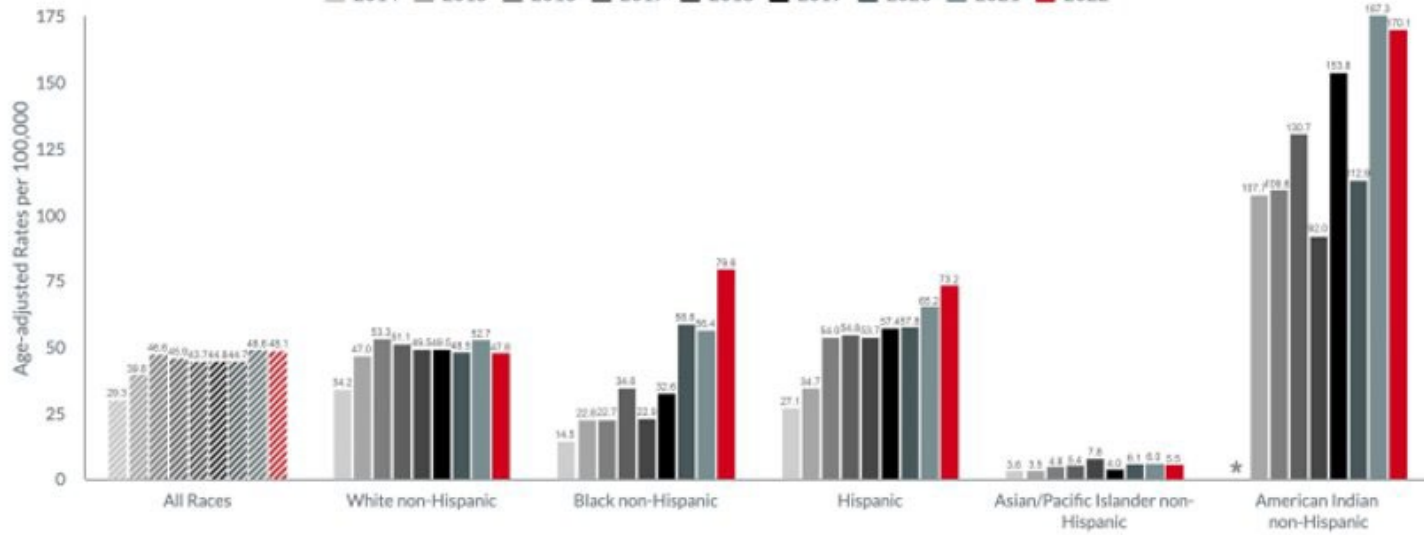
54.09 people
per 100,000

79.62 people
per 100,000

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity

Male

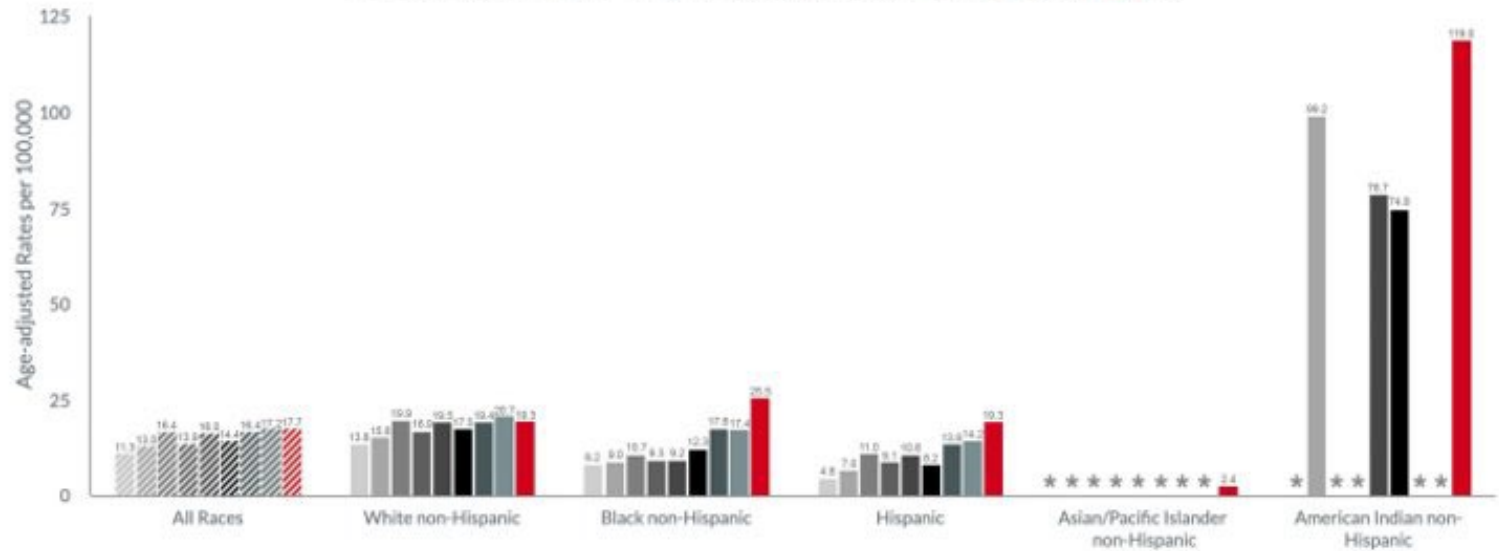
2014 2015 2016 2017 2018 2019 2020 2021 2022



Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity

Female

2014 2015 2016 2017 2018 2019 2020 2021 2022



What is harm reduction?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction are also **principles** , which include acknowledging that racism, poverty, class, social isolation, and other inequities affect people's health and safety

What are overdose prevention centers (OPCs)?

- Spaces where people who use drugs can consume *pre-obtained* controlled substances under the supervision of trained staff
- OPC clients can access medical care and other support services, including referrals to treatment programs
- There are ~200 OPCs operating in ~14 countries
- Terminology: also known as supervised consumption facilities, harm reduction centers, or drug consumption rooms

OPCs Model

OPCs are a place for people who use drugs to access and connect to other services.

- Intake
- Supervised consumption room
- Referrals
- Other services

As a result, they:

- Reduce morbidity and mortality
- Decrease transmissions of infectious diseases
- Promote safer behaviors
- Increase participants' awareness of treatment options and connect people to treatment
- Reduce drug related litter
- Build trusting relationship with vulnerable populations



Evidence

OPCs Do:



Prevent overdose

Reduce HIV and Hepatitis C transmission

Reduce injection related infection

Reduce public use

Increase safe disposal of syringes

Increase access to medical and social services

OPCs Don't



Increase the likelihood of overdose

Encourage people to initiate injection drug use

Attract drug dealers to the area

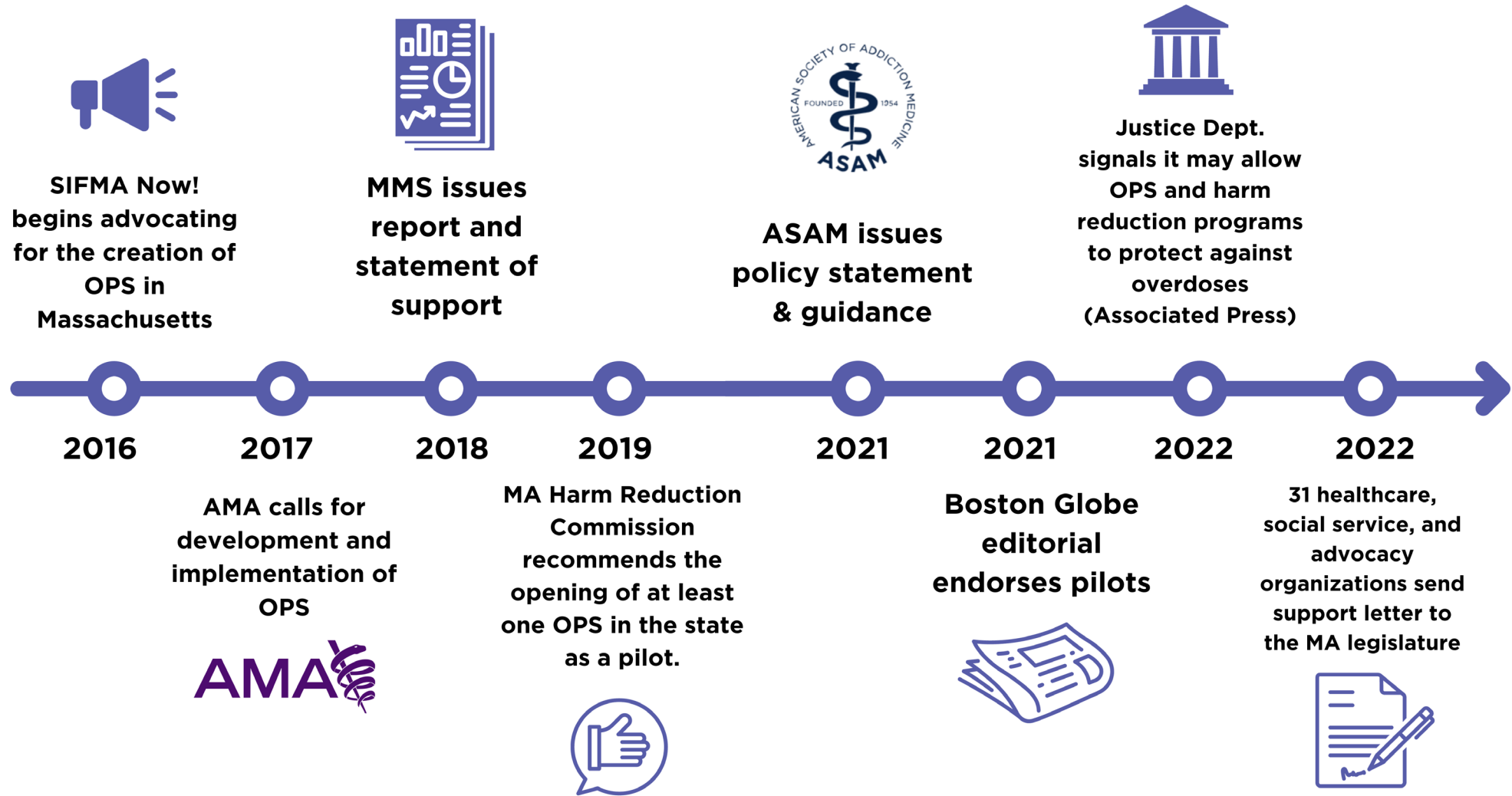
Increase relapse rates or decrease rate of stopping injection drug use

Act as a barrier for attendees to seek employment

On Point New York City



Growing Support



Harm reduction and overdose prevention centers (OPCs)

*Worcester Board of Health
March 4th, 2024*

Brandon DL Marshall, PhD

Founding Director
People, Place & Health Collective
Professor & Chair of Epidemiology
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Disclosures

1. My research is supported by Arnold Ventures, the Open Society Foundations, and the National Institutes of Health
2. I serve as an expert advisor to the Rhode Island Governor's Overdose Task Force and the state's Opioid Settlement Advisory Committee

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Mobile and integrated supervised consumption facilities in Canada



Do OPCs reduce
community overdose
rates?

Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study



Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr

Summary

Background Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.

Findings Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32–48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years ($p=0.048$). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 7.6 to 6.9 deaths per 100 000 person-years ($p=0.490$). There was a significant interaction of rate differences across strata ($p=0.049$).

Interpretation SIFs should be considered where injection drug use is prevalent, particularly in areas with high densities of overdose.

Funding Vancouver Coastal Health, Canadian Institutes of Health Research, and the Michael Smith Foundation for Health Research.

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See [Comment](#) page 1385

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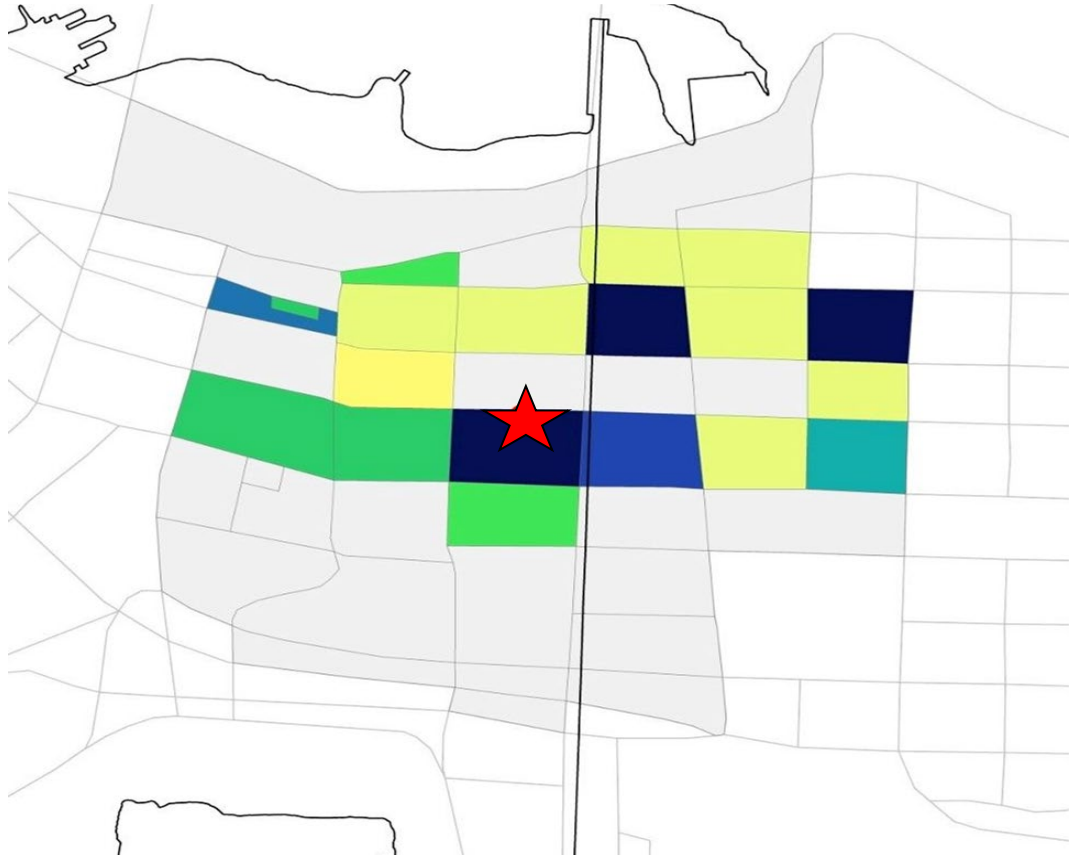
Research Initiative, BC Centre

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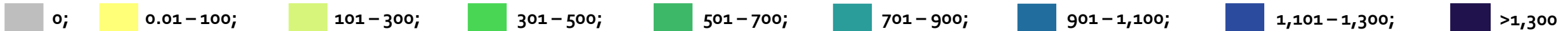
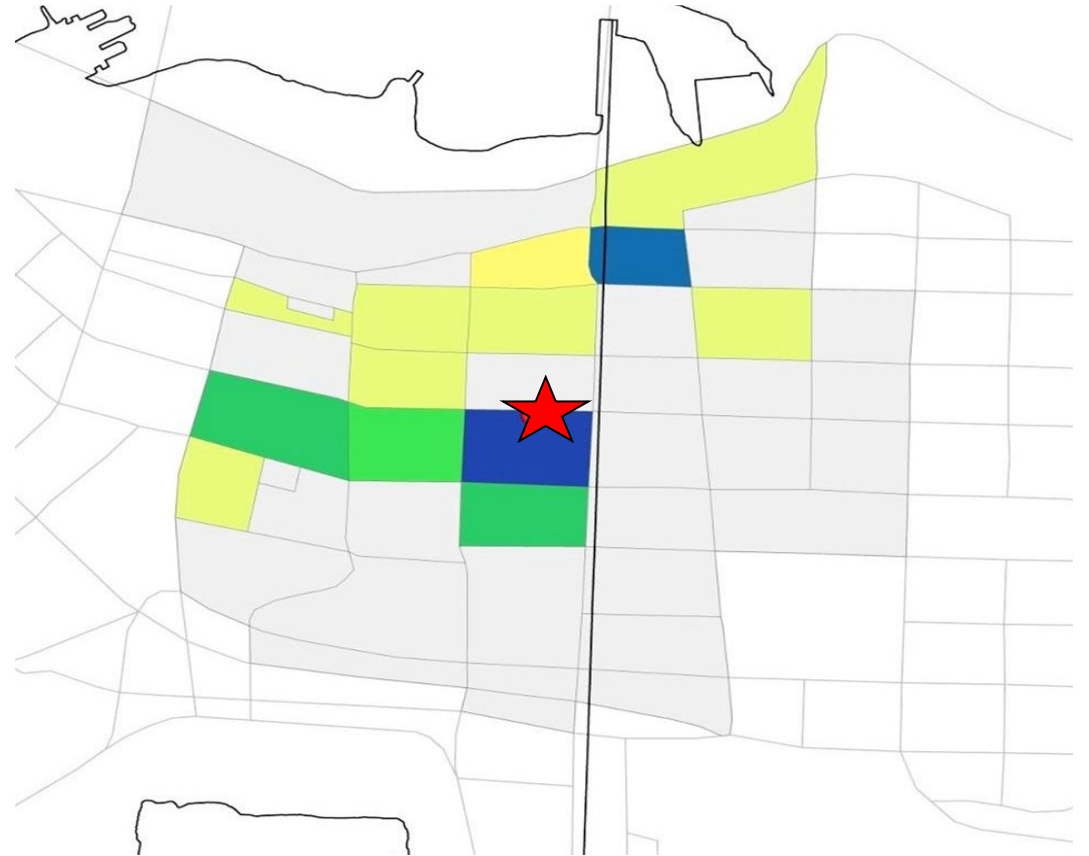
Results

Fatal OD rates (per 100,000 person-years) before and after the opening of the SCS

Pre-SIF: Jan 1, 2001 – Sep 20, 2003



Post-SIF: Sep 21, 2003 – Dec 31, 2005



Toronto, Canada Study of OPCs & Mortality

	Pre-SCS overdose mortality rate* (N)	Post-SCS overdose mortality rate* (N)	Rate reduction (95% CI)	Equivalent percentage reduction	p value
250 m					
Neighbourhoods within (n=13)	8.77 (27)	2.92 (9)	5.85 (1.52 to 15.86)	67%	0.037
Neighbourhoods beyond (n=127)	1.53 (37)	1.16 (28)	0.37 (-1.88 to 4.13)	24%	0.38
500 m					
Neighbourhoods within (n=15)	8.10 (27)	2.70 (9)	5.40 (1.52 to 15.86)	67%	0.037
Neighbourhoods beyond (n=125)	1.54 (37)	1.17 (28)	0.37 (-1.88 to 4.13)	24%	0.38
1000 m					
Neighbourhoods within (n=20)	7.11 (29)	2.21 (9)	4.91 (3.44 to 13.15)	69%	0.018
Neighbourhoods beyond (n=120)	1.64 (38)	1.20 (28)	0.43 (-2.51 to 3.88)	26%	0.53
2500 m					
Neighbourhoods within (n=35)	5.25 (35)	2.10 (14)	3.15 (3.06 to 11.32)	60%	0.0077
Neighbourhoods beyond (n=105)	1.40 (29)	1.11 (23)	0.29 (-2.90 to 3.86)	21%	0.71
5000 m					
Neighbourhoods within (n=54)	4.35 (44)	1.78 (18)	2.57 (1.81 to 10.12)	59%	0.0064
Neighbourhoods beyond (n=86)	1.16 (20)	1.10 (19)	0.06 (-3.68 to 3.22)	5%	0.80

SCS=supervised consumption services. *Crude rate per 100 000 people; number of mortality events is given in brackets. CIs and p values were generated using the Wilcoxon signed-rank test on pre-SCS and post-SCS overdose mortality rates among neighbourhoods both within and beyond the stated buffer sizes.

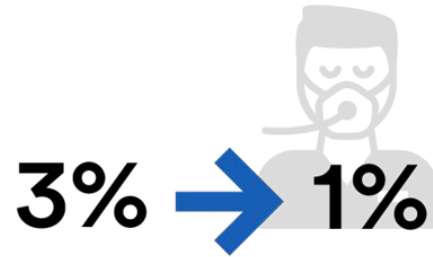
Table 3: Changes in overdose mortality rates in different buffer zones surrounding SCS in Toronto, before and after SCS implementation

French Cohort Study of OPC Use

Estimated probabilities of overdose, abscesses, and ED visits over 12 months among people who used an OPC, compared to participants who used other harm reduction services:

After 12 months

Overdoses
down by **67%**



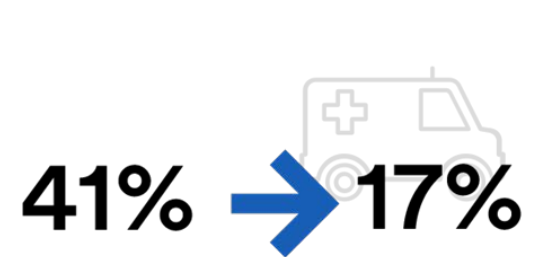
after 12 months

Abscesses
down by **79%**



after 12 months

ED visits
down by **59%**



after 12 months



Do OPCs help people
enter treatment?



Of the 621 participants not in treatment at baseline, 261 (42%) enrolled in some form of treatment after 24 months of follow-up

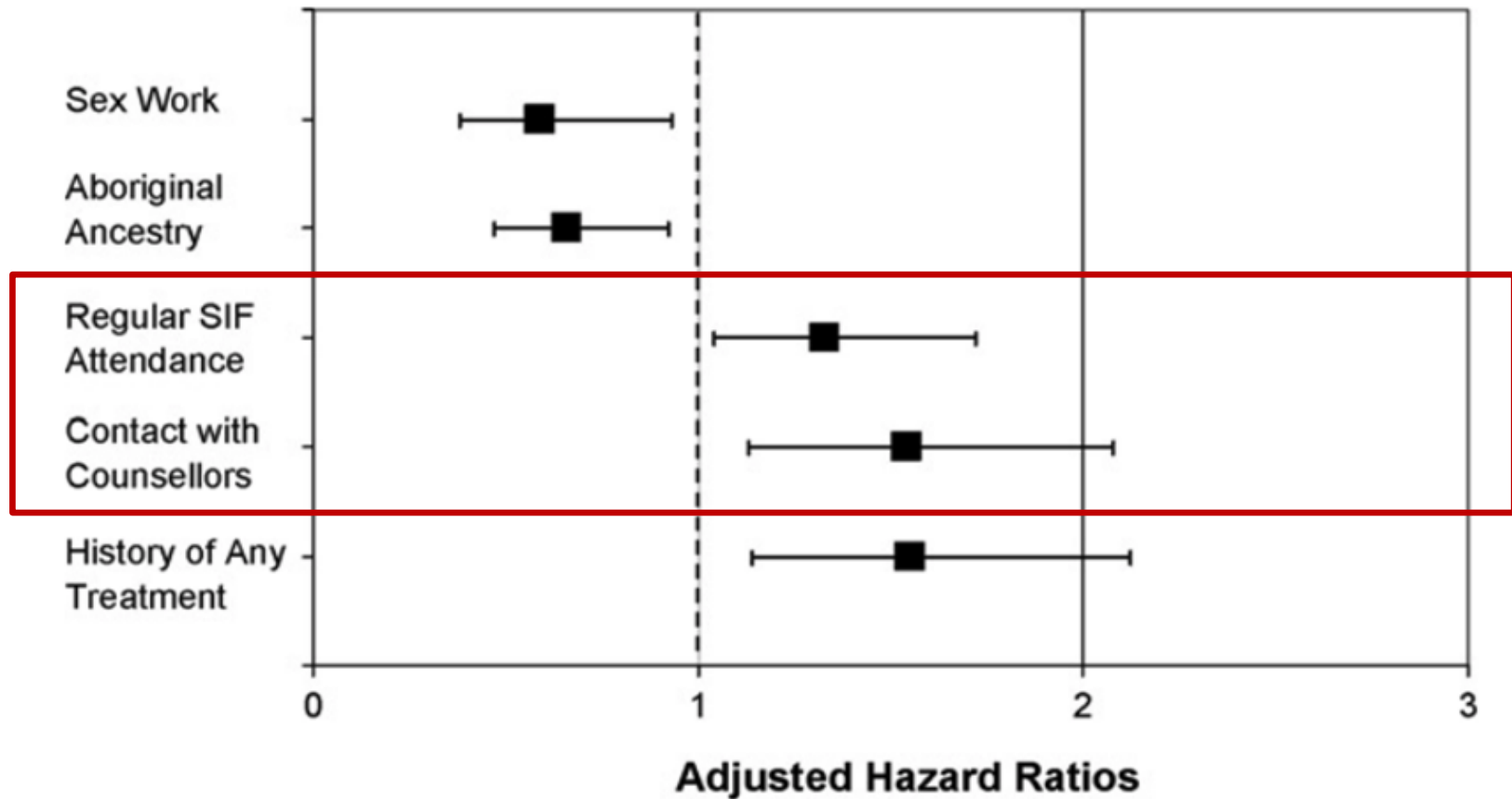
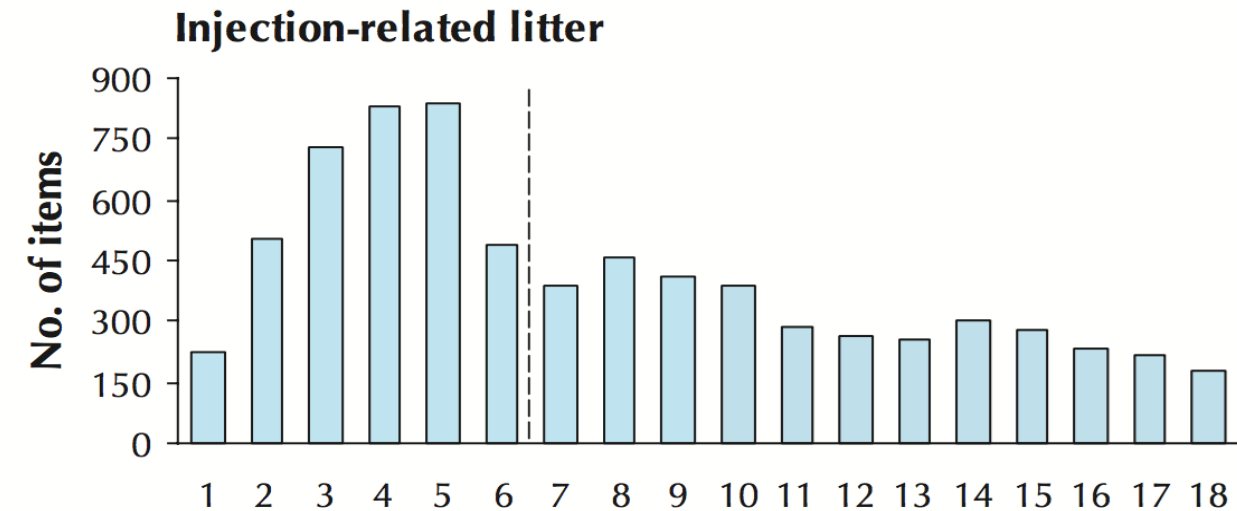
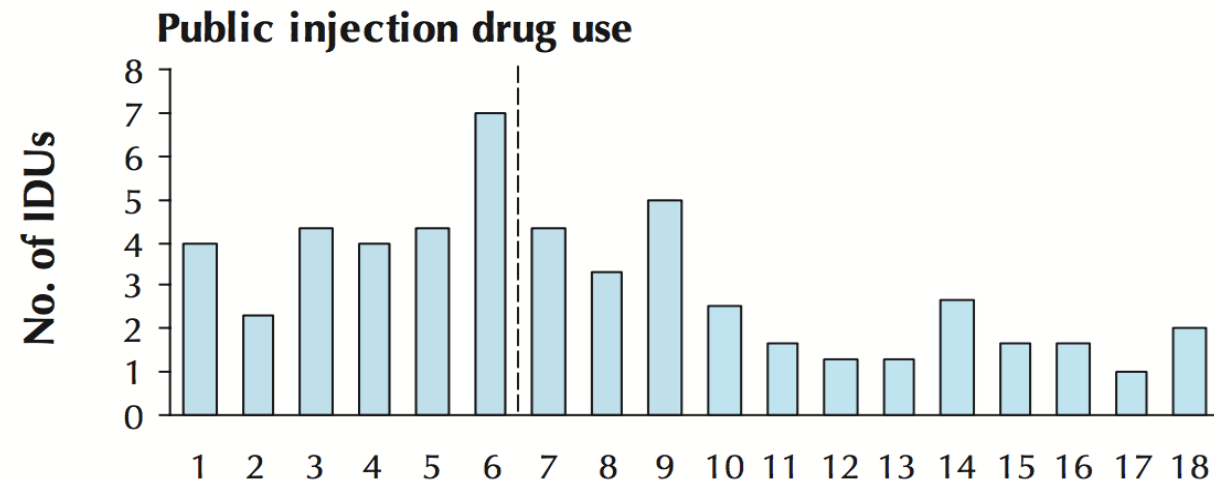
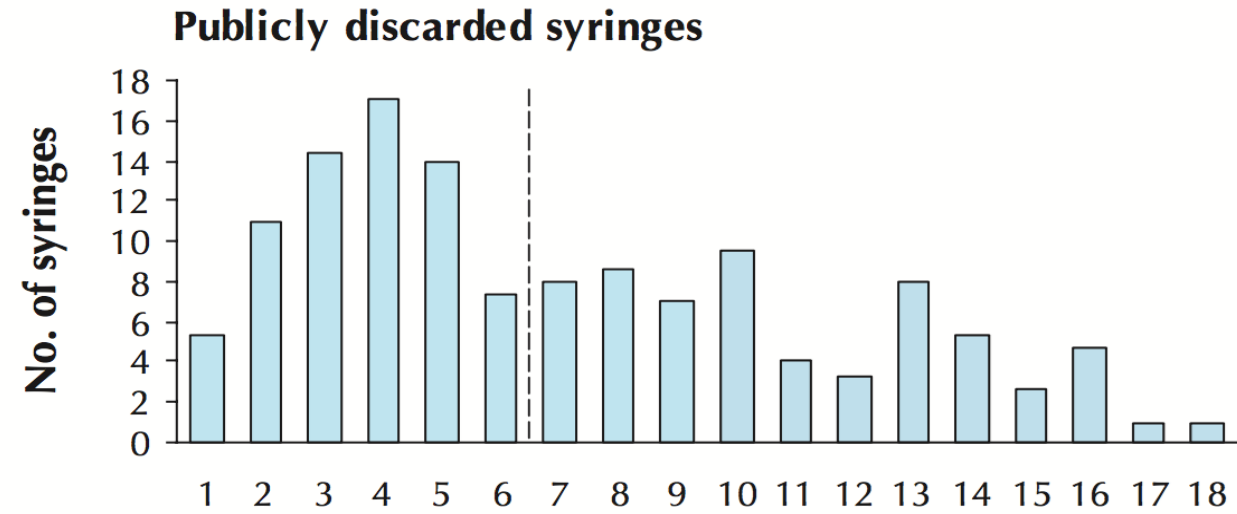
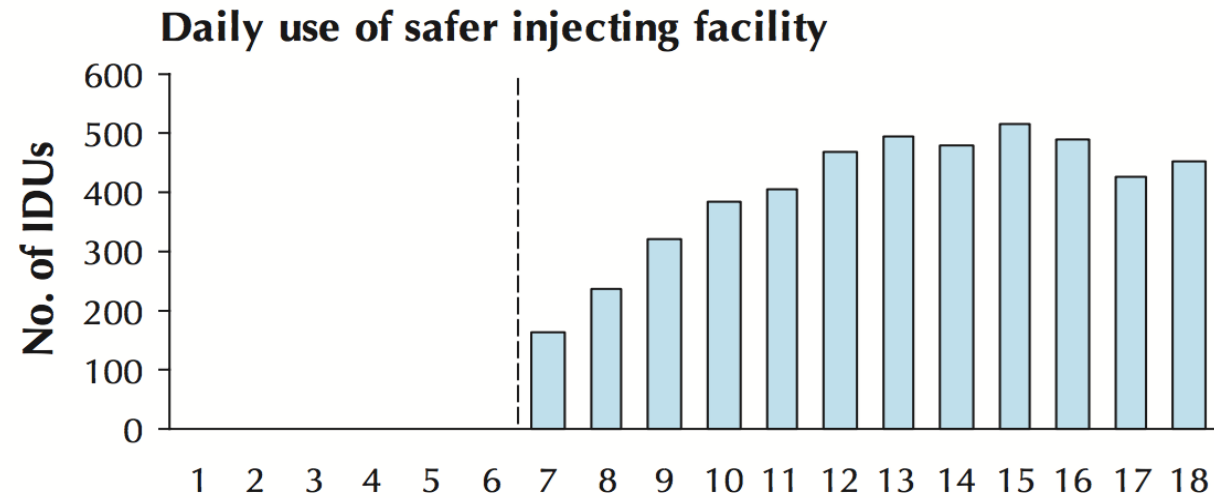


Figure 1. Factors associated with time to enrolment in addiction treatment among clients of Vancouver’s supervised injection facility. *Notes:* ‘Regular SIF Attendance’ was measured at baseline and defined as visiting the SIF at least once per week vs. visiting the SIF less than once per week; ‘Contact with Counsellors’ refers to meeting with an addictions counselor at the SIF and was measured through data linkage to the SIF administrative database; ‘History of Any Treatment’ was defined as any history of engaging in any type of addiction treatment programs.



Do OPCs have an
impact on public
disorder and crime?

SCSs reduce public injection drug use and injection -related litter





Source: <https://gothamist.com/news/inside-nycs-supervised-drug-injection-sites-the-first-in-the-nation>



Original Investigation | Public Health

Overdose Prevention Centers, Crime, and Disorder in New York City

Aaron Chalfin, PhD; Brandon del Pozo, PhD, MPA, MA; David Mitre-Becerril, PhD

After two OPCs opened in New York City, 911 calls for crime and medical emergencies went down by **16% and 33%**, respectively in the neighborhoods in which they were located

Study authors also found **reductions** in violent and property crimes but these were not statistically significant

RHODE ISLAND'S HARM REDUCTION CENTER PILOT PROGRAM

Preventing overdoses, saving lives

216-RICR-40-10-25

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 10 – FACILITIES REGULATION

PART 25 – Harm Reduction Centers

Source: RIDOH (<https://health.ri.gov/addiction/about/harmreductioncenters/>)

Source: RICARES (<https://ricares.org/ops/>)



Providence Officials Approve Overdose Prevention Center

The facility, also known as a safe injection center, will be the first in Rhode Island and the only one in the U.S. outside New York City to operate openly.

**Providence authorizes
first state-regulated
overdose prevention
center**

U.S. NEWS

**Providence approves first state-sanctioned safe
injection site in Rhode Island**

**Providence City Council approves first state-regulated
overdose prevention center**

Nation's first state-regulated
overdose prevention center to open
this summer

**City Council OKs overdose
prevention center. What's next?**



- Original Vancouver evaluation funded by Health Canada and the Canadian Institutes of Health Research (CIHR)
- Infrastructure research funding from the COBRE on Opioids & Overdose/NIGMS (P20-GM122207)
- OPC evaluation is funded by the National Institute on Drug Abuse (R01-DA046620-03S1, R01-DA058277) and the Open Society Foundations



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