

RESOLUTION

Subject: Opioid Overdose Prevention Centers
Submitted by: Alex Thebert, MD - Resident and Fellows Section
Referred to: Reference Committee

WHEREAS, since 2013, opioid and psychostimulant drug overdose rates throughout the country have been increasing, recently the US crossed 100,000 drug overdose deaths in 12 months^{1,2}; and

WHEREAS, these increases are largely driven by the increased use of potent synthetic opioids, such as fentanyl and fentanyl analogs²⁻⁵; and

WHEREAS, the co-use of synthetic opioids with other opioids or psychostimulants could be deliberate or inadvertent, unbeknownst to the user²; and

WHEREAS, Kentucky has one of the highest death rates from opioid overdoses in the nation and since 2019 the rate of overdose deaths in Kentucky has increased over 70% from 1,316 to 2,250⁴; and

WHEREAS, in Kentucky, fentanyl was detected in over 70% of all overdose deaths⁴; and

WHEREAS, harm reduction programs are public health approaches to reduce the risks of high-risk sexual and drug-use behaviors; and

WHEREAS, Syringe Services Programs (SSPs) are harm reduction programs that exchange used needles for clean needles in order to prevent the spread of infectious disease and connect drug users to rehabilitation programs^{6,7}; and

WHEREAS, SSPs do not encourage drug use or increase frequency among current users, they do not increase community crime in the area surrounding the program, they reduce the spread of HIV and viral hepatitis, they decrease amount of syringes in public areas, and they make program participants more likely to enter drug treatment programs^{6,7}; and

WHEREAS, SSPs provide clean materials to reduce harm from injecting drugs, however they do not help with the rapidly increasing overdose deaths; and

WHEREAS, overdose prevention centers (formerly known as safe injection sites or supervised injection sites) are harm reduction programs where people who use drugs do so in controlled settings under clinical supervision in order to prevent overdose, receive counseling, and receive referrals to drug treatment⁸; and

WHEREAS, there are hundreds of overdose prevention centers internationally, with sites in Australia, Canada, and throughout Europe; and

WHEREAS, the federal legality of overdose prevention centers is unclear, previously US federal prosecutors closed a supervised injection site in Philadelphia, however there is now potential for them to be allowed^{10,11}; and

WHEREAS, two overdose prevention centers have recently opened in New York without the backing of the federal government¹²; and

WHEREAS, much of the available data comes from the Vancouver and Sydney overdose prevention centers, in systematic reviews sites were associated with decreased overdose mortality, improvement in harm reduction behavior, improvement in access to treatment programs, and no increase in crime or public nuisance in the surrounding areas¹³⁻¹⁵; and

WHEREAS, in a preliminary cost-benefit analysis for a San Francisco site, it was estimated that every dollar spent on centers would lead to over two dollars in savings¹⁶; and

WHEREAS, the concerns about overdose prevention sites may be unfounded like many of the concerns surrounding the implementation of needle exchange programs; and

WHEREAS, KMA currently supports harm reduction programs, including syringe access and exchange; now, therefore, be it

RESOLVED, that KMA educate the public and legislators about the utility of overdose prevention centers in Kentucky and support the creation of these centers; and be it further

RESOLVED, that KMA will work with all relevant parties so that any legislation establishing overdose prevention centers will protect from criminalization related to the use of centers.

References:

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