Qeios

Peer Review

Review of: "Overdose Prevention Centers: Advancing Harm Reduction and the Right to Health in the United States"

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This is an important and well-written piece of work by the authors, and it is timely given the pressures on people who use drugs in the US. Most of the recommendations are to include wider literature and strengthen the presentation by anchoring statements of this prose with key references and adding extra precision to maximise the impact and reach of the work. My suggestions are numbered and progress in the order that I find them in the manuscript. Where I am recommending a publication I have written, I will acknowledge this and add extra rationale. I will usually recommend a publication on OPCs, but I know less about the US-specific context, so I may not have a specific publication for that - if I know of one, I will make a recommendation. I look forward to reading a revision and think this work makes a great contribution to the literature at an important time.

1. Line 1: “In 2025, … crossroads” - could you make the statement about what the crossroad is for a stronger start.
2. I might add in the reasons for the decline in the second sentence (or hypothesised reasons ideally with the references).
3. Millions of Americans lacking treatment …. in sentence 3 needs a reference.
4. Ideally include a reference for what an OPC is - I would recommend this (I led this review but it is the largest in the field with 570 articles included; other references and definitions are available) Shorter, G. W., McKenna-Plumley, P. E., Campbell, K. B., Keemink, J. R., Scher, B. D., Cutter, S., ... & Campbell, A. (2023). Overdose prevention centres, safe consumption sites, and drug consumption rooms: A rapid evidence review. *Drug Science*. 10.17034/7nb2-j826

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5. I think it would be essential to reference the last line of paragraph 1. Anchoring strongly to legal policy commitments would add considerable strength.
6. Paragraph 2, it would be helpful again to highlight what the racial and age group disparities are and either summarise the new challenges “new challenges are on the horizon” or remove this slightly vague turn of phrase from the end of this sentence. If the next sentence “Communities are facing… is limited” covers all the challenges you were referring to, maybe include the challenges bit in the sentence e.g. “Challenges remain as communities face an accelerating… ” or something like that.
7. Could you explain the one in five adults statistic at the end of paragraph 2? Is this because only one in five want medication, it's only available to one in five, i.e., that of the five that ask to get it only one gets it - etc.?
8. I would maybe either consider moving up the part defining harm reduction to paragraph 1 where you describe what an OPC is or integrate it better into paragraph 3. OPCs are a comprehensive harm reduction intervention which covers naloxone distribution, syringe and equipment exchange, advice, wound care, etc., by referral or on site. This paragraph appears to sit oddly - paragraph 1 explains what it is, then paragraph 2 talks about the US context, and then paragraph 3 explains that it's a harm reduction intervention. You might want to have a little think about the organisation of these paragraphs for flow and to strengthen the presentation.
9. Related to this, “OPCs provide a safe space to use drugs with specialists present to administer oxygen, naloxone, or other necessary supports to prevent overdoses and painful symptoms. OPCs are typically connected to service providers that offer additional health and wellness services and referrals to community-based resources and drug treatment.” Both of these need references. Again, I am going to refer to the Shorter et al. review above which describes four different types of site: integrated, stand-alone, mobile, and temporary, and with a summary of what each of these refers to - some of the site host services in the OPC, others are by referral. In terms of models of care, if you wanted to describe a service model, Hedrich (2014) tends to be the most widely cited Hedrich D. European report on drug consumption rooms. 2004: European Monitoring Centre for Drugs and Drug Addiction. https://core.ac.uk/download/ pdf/34710918.pdf and if you wanted to understand how they work and why they achieve these outcomes, there are two realist reviews here (I am a co-author) but they explain the mechanisms by which they work Keemink, J. R., Stevens, A., Shirley-Beavan, S., Khadjesari, Z., & Shorter, G. W. (2025). Four decades of overdose prevention centres: lessons for the future from a realist review. *Harm Reduction Journal*, *22*(1), 36. Stevens, A., Keemink, J. R., Shirley-Beavan, S., Khadjesari, Z., Artenie, A., Vickerman, P., ... & Shorter, G. W. (2024). Overdose

prevention centres as spaces of safety, trust and inclusion: a causal pathway based on a realist review. *Drug and alcohol review*, *43*(6), 1573-1591. - it depends on what you want these sentences to achieve really, and this might differ if you restructure the first and third paragraphs.

10. "Unlike most high and middle-income countries, healthcare is not a right afforded to all citizens of the US"..." This is a very important statement which needs a reference if you could place one there.
11. "Available evidence and evaluation...." - again, sorry to be referring to my own work, but it is the largest review in the field and evidence outcomes summarising 35 reviews and hundreds of evidence studies including the two cited papers, and the evidence is broader than this. As you state, they can prevent overdoses from becoming fatal (or prevent overdose events through advice and support, but cannot eradicate them due to the drug supply variation, which you have quite rightly referred to in your article as being a major risk factor), support treatment access, support safer use practices, don't increase drug use, improve communities, reduce public drug use, reduce public drug-related litter, reduce public overdoses, reduce taxpayer cost, etc., without increasing crime, save money, provide real-time surveillance on drug supply issues, etc. All of which is contained in this Shorter, G. W., McKenna-Plumley, P. E., Campbell, K. B., Keemink, J. R., Scher, B. D., Cutter, S., ... & Campbell, A. (2023). Overdose prevention centres, safe consumption sites, and drug consumption rooms: A rapid evidence review. *Drug Science*. 10.17034/7nb2-j826
12. Sorry to be pedantic again - but there are 20 countries with OPCs - I did read all of those 570 papers in the review, which makes me very boring at parties (reference Shorter, G. W., McKenna-Plumley, P. E., Campbell, K. B., Keemink, J. R., Scher, B. D., Cutter, S., ... & Campbell, A. (2023). Overdose prevention centres, safe consumption sites, and drug consumption rooms: A rapid evidence review. *Drug Science*. 10.17034/7nb2-j826 and HRI (2024) The global state of harm reduction 2024. Geneva: Harm Reduction International. https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf The countries are France, USA, Germany, Netherlands, Canada, Australia, Denmark, Greece, Belgium, Spain, Portugal, Norway, Luxembourg, Myanmar, Ireland, UK, Colombia, Iceland, Mexico, Switzerland; this might be different by the time you get to review this, but it is my best understanding of the situation right now.
13. “OPCs are not a panacea, rather are tailored according to needs among the population, in engagement with community stakeholders” - I think this tailoring is important to the location and should be on the basis of the nature of the community, resources, drugs used, and modes of use by potential clients of the service (e.g., smoking vs inhalation). I wonder if you might revise this statement for a bit more precision because it is crucial for success. You might also want to bring in

the reviews which focus on US matters Allen B, NYC Health. Overdose Prevention in New York City: Supervised Injection as a Strategy to Reduce Opioid Overdose and Public Injection. 2017: NYC Health. https://www1.nyc.gov/assets/doh/downloads/pdf/public/supervised-injectionreport.pdf

Armbrecht E, Guzauskas G, Hansen R, Pandey R, Fazioli K, Chapman R, et al. Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value. Final Report. 2020. https://icer.org/news-insights/pressreleases/icer-publishes-final-evidence-report-and-policy-recommendations-forsupervised-injection-facilities/

133. Monico D. Out of the alley: lessons from safe injecting facilities (SIF). Graduate Annual. 2015; 3(1):12, http://digitalcommons.lasalle.edu/graduateannual/vol3/iss1/12

Semaan S, Fleming P, Worrell C, Stolp H, Baack B, Miller M. Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States. Drug and Alcohol Dependence. 2011; 118(2-3):100-10 https://doi.org/10.1016/j.drugalcdep.2011.03.006

and this one which deals more with feasibility issues for OPCs

Kryszajtys DT, Xavier J, Rudzinski K, Guta A, Chan Carusone S, Strike CJ. Stakeholder preferences for supervised consumption site design, staff, and ancillary services: A scoping review of feasibility studies. Drug and Alcohol Dependence. 2022; 230:109179 https://doi.org/10.1016/j.drugalcdep.2021.109179

14. Finally, would it be possible to flesh out more on why forced treatment does not work - given the political emphasis, a bit more detail on the evidence of why it does not work and the evidence it doesn't would really strengthen this case against this political imperative.

Thanks for an interesting and important read, and good luck with the revisions.

Declarations

Potential competing interests: No potential competing interests to declare.