Qeios

Peer Review

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

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Clear overall aim is evident for this perspective/opinion piece advocating for sustained and increased investment in harm reduction and particularly bricks-and-mortar supervised consumption sites in the US. Some support is provided in terms of illustrating the moral argument for harm reduction and describing current limitations in substance use disorder management, literature around benefits of supervised consumption sites, examples of current sites and their statistics, and current challenges including the political landscape. There are some areas for improvement including but not limited to:

- For contrast to intoxications in supervised consumption sites, it is necessary to illustrate the mortality rate estimates for unsupervised intoxications in the community that contextualize the zero intoxication-related deaths to date at these sites. The Vancouver DTES 2011 Lancet paper is referenced, but additional important data have since been published, and this point deserves to be emphasized as it serves as a main pillar for the overall argument.
- There is also considerable evidence around the cost-effectiveness of these programs that would further strengthen the argument, particularly at the level of systems planning and healthcare spending.
- On balance with the reported benefits, it would be valuable to also address known limitations and propose potential solutions to solidify client/healthcare/public/payer/etc. support of supervised consumption sites, e.g., 1) reference is made to the general low rates of evidence-based pharmacotherapy use, but the literature suggests treatment engagement is similarly low, if not even lower, at these sites (for a multitude of reasons), 2) limited physical access to these brick-and-mortar sites due to distance/weather/stigma/etc. means there is a spatial limitation and range to purported benefits, which several different groups have characterized, and 3) alternative effective strategies are

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emerging and deserve consideration, such as virtual supervised consumption sites and harm reduction tools in the US and elsewhere.

- Consider the language around someone using drugs having an ‘overdose’ versus an ‘intoxication’ event. It is possible to describe the structures as supervised consumption sites and the events as opioid/substance intoxications.

Declarations

Potential competing interests: No potential competing interests to declare.