

ONPOINT NYC

**MAKING HISTORY.
SAVING LIVES.**



**A baseline report on the
operation of the first recognized
Overdose Prevention Centers
in the United States.**

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MESSAGE FROM THE EXECUTIVE DIRECTOR

In 2021, OnPoint NYC took on a significant expansion of services, building two full-service Harm Reduction Wellness Hubs – one in Washington Heights and another in East Harlem. This expansion was made possible through various incredible partnerships. Our plans required space to grow and long-term security. Sharing the belief in our work and vision, our exceptional landlords fulfilled these needs by granting us 30-year leasehold condo agreements at each site. Our courageous Board of Directors provided necessary support and guidance to carry out our mission while navigating significant uncertainty.

Commitments from then-Mayor Bill de Blasio and Mayor Eric Adams to establish Overdose Prevention Centers (OPCs) as part of the City's plan to prevent overdose deaths solidified pathways for partnerships with City agencies and district attorneys. Significantly, this included Manhattan District Attorney Alvin Bragg, who joined us in seeing our beautiful participants as people needing care, not criminalization. This also included the New York City Department of Health and Mental Hygiene (DOHMH), which – under the leadership of then-Commissioner Dr. Dave Chokshi and Commissioner Dr. Ashwin Vasan – strongly supported us to build and implement something that had not been done before. From grieving with us to opening day preparations, OnPoint's OPCs also would not have been possible without the support and encouragement of then-Executive Deputy Commissioner Dr. Chinazo O. Cunningham. Longstanding support from and collaboration with the New York State Department of Health's AIDS Institute critically helped to build a strong and well-served participant base and we extend our appreciation to our many service provider partners who support our participants in meeting their health and life goals.

Our community-based work is significantly better because of our neighborhood partners, including our school partners - the Association to Benefit Children and WHEELS, Word Up Community Bookstore, and Community Board 12. Their collaboration and understanding have been a beautiful demonstration of community care. One of our most important partners has been the New York City Police Department. With the leadership of Chief Theresa Tobin, people needing harm reduction services in the community were supported to receive community-based care by OnPoint rather than experience arrest. Our work exists in our natural public spaces as much as it exists in our buildings. With the New York City Department of Parks and Recreation, we have shared the work and commitment to keep our public parks clean and beautiful.

Early champions in elected offices helped significantly in building public and political support for OnPoint and OPCs. These trailblazing elected officials put New Yorkers' lives over politics and were unwavering in their solidarity. Senator Gustavo Rivera and Assemblymember Linda Rosenthal have been OPC champions in our State Legislature. Senators Robert Jackson and Cordell Cleare, Council Deputy Speaker Diana Ayala and Councilmember Kristin Richardson Jordan have been fierce in-district champions. Councilmember Tiffany Cabán showed up early and enthusiastically and was generous in offers to help. Manhattan Borough President Mark

Levine and New York City Public Advocate Jumaane Williams embraced us and publicly stood with us when it was hard, because it was right. Continued dialogue with Representative Adriano Espaillat about the role of OPCs in serving the most marginalized constituents in his district has been crucial. Likewise, we extend appreciation to Councilmember Carmen De La Rosa for her openness to bold and loving interventions in the face of a crisis. Thank you to all our partners in the City Council, State Legislature, and Congress for your work to bring OPCs to areas of need.

None of the above would have been possible without incredible harm reductionists. VOCAL-NY – in the spirit of our movement – were unrelenting in making the death, grief, and trauma of the overdose crisis impossible to ignore and demanding that people in power put lives before politics. We hold deeply our IDUHA community, statewide Syringe Service Programs, and Research for Safer New York, extending love and appreciation for the many years of advocacy and collective support. Alex Kral's amazing research supported our ability to open OPCs in the United States and continues to strengthen the field of study. From research, to national convenings, educational content, and advocacy, the Drug Policy Alliance's (DPA) partnership ensured that our lessons learned and successes in operating the first recognized OPCs in the United States were always leveraged to advance health-based drug policy and dismantle the war on people who use drugs. DPA's ability to be fluid and understanding to the ever-changing work while building consistency across the movement has been amazing to experience.

When we made the decision to open OPCs, it was immediately clear we would need strong partners to help us communicate our journey. MirRam Group has been more than our media partner. They have been teachers, courageous storytellers, community members, and protectors. Our multimedia team, Colin Askey and Emerson Soto Consulting brought our work and mission to life by capturing and sharing the beautiful and life-changing moments among our staff and participants. So much of the beauty and impact of harm reduction happens in moments rather than data. We are deeply grateful to the MirRam Group and our multimedia team for honoring our people and our movement through story while changing hearts and minds.

Lastly, the deepest acknowledgement is given to our participants and staff. Our beautiful participants grace us each day with their trust, feedback, and unending support. Our staff are just amazing. They are the engine, the heart, and soul. As we say among each other, we are the medicine.

Seneko Kakona (abundant blessings),

Sam Rivera
Executive Director

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EXECUTIVE SUMMARY

Who we are

OnPoint NYC was born out of the merger (completed in 2022) between New York Harm Reduction Educators (founded in 1992) and Washington Heights Corner Project (founded in 2005). OnPoint NYC vigorously advocates for social justice and addresses adverse outcomes among people who use drugs (PWUD) or engage in sex work (PWESW) in Upper Manhattan and the Bronx. We combat stigma and embrace PWUD and PWESW instead of pushing them to the margins. We provide the resources, tools, and support they need to enhance the quality of their lives and live with dignity.

In response to an unabating public health crisis resulting in catastrophic loss of life and profound distress in communities across the United States, on November 30, 2021 OnPoint NYC made history and became the first organization in the United States to open and operate two publicly recognized Overdose Prevention Centers (OPCs)¹. These are health facilities that include rooms where people can consume pre-obtained substances under professional supervision.

Our Model

Each of our sites operates a Harm Reduction Wellness Hub, which provides an array of programs and services under one roof, called ‘closed-loop service provision.’ Run by OnPoint’s skilled and trained staff and a few thoroughly vetted partners, we address the most pressing needs of people who are chronically underserved and deeply

marginalized by providing holistic and loving care informed by our participants.

Our Overdose Prevention Centers (OPCs) are a low-threshold service, meaning they are designed to remove barriers to care. An essential part of this approach is creating a safe and loving environment for the beautiful people – mothers, fathers, sisters, brothers, aunts, uncles, cousins, and grandparents – we serve.

About Overdose Prevention Centers

OPCs are safe spaces for people who actively use drugs, are at-risk of overdose death, and lack access to critical health and stabilization services. Inside OPCs, people can consume pre-obtained substances and be supervised post-consumption by personnel trained to identify and respond to the earliest signs of overdose.

OPCs primarily:

- prevent overdose death and other health risks associated with drug use,
- facilitate connection to care, and
- reduce public drug use and hazardous waste in public spaces.

OPCs are designed to meet the needs of deeply marginalized and stigmatized people who are disconnected from traditional services. As such, OPCs are a necessary part of a comprehensive solution to the overdose crisis and overall health and wellbeing.

¹ The Nation’s First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City - PMC (nih.gov)

Year 1 OPC Baseline Findings & Impacts:²

Overdose Interventions

- Our staff intervened 636 times to prevent overdose death and other associated harms.
- 83% of opioid overdoses were resolved without the need for naloxone.

Utilization

- The OPCs were used by 2,841 unique participants, who used the sites 48,533 times.

Substances

- 66% of participants used opioids.
- ~50% of participants smoked crack.

Wellness and Stabilization

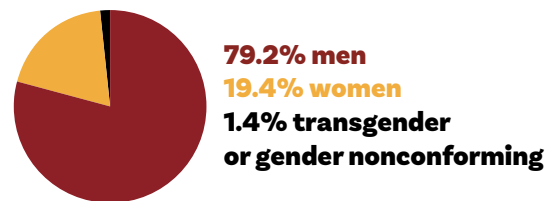
- More than 75% of OPC participants accessed wrap-around services.
- 1 in 5 participants were referred to housing, detox, treatment, primary care, or employment.
- 100% of OPC participants who wanted to go to detox or inpatient substance use treatment were connected to outside providers.

Community Impact

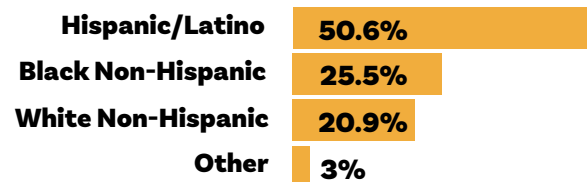
- Out of 48,533 OPC utilizations, EMS was called 23 times.
- OPCs averted public drug use in 81% of visits.
- 435,078 units of hazardous waste were kept from public parks, streets, and buildings.

Participant Demographics

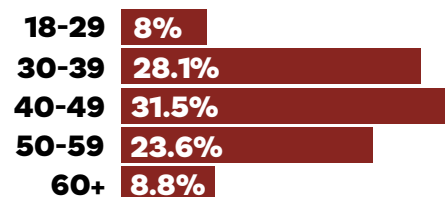
Gender:



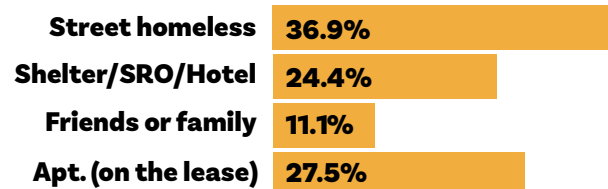
Race/Ethnicity:



Age:



Housing Status:³



² Preliminary Data

³ For the 1,662 OPC participants who reported their housing status at OPC enrollment

BACKGROUND

Who we are

OnPoint NYC is a long-standing community-based organization with deep roots in East Harlem, Washington Heights, and the Bronx, trusted by the community to provide harm reduction services since 1992. Originally New York Harm Reduction Educators (NYHRE), we were founded in 1992 as one of New York State's first authorized syringe exchange programs (now called syringe service programs). We are a direct successor to both ACT UP's radical grassroots efforts to stem the rising HIV/AIDS epidemic and the Young Lords' and Black Panthers' revolutionary holistic substance use treatment programs, run by community for community.

In 2022, NYHRE and Washington Heights Corner Project (founded in 2005) merged to create OnPoint NYC. Our mission is to improve the health and quality of life of people who use drugs (PWUD) and people who engage in sex work (PWESW). We specifically focus on serving people who identify as Black and/or Latino/Hispanic and people at risk of contracting or living with HIV and AIDS (PLWHA) in Northern Manhattan and the Bronx – two New York City areas with the highest rates of HIV incidence and opioid-related overdose deaths. In addition, we vigorously advocate for the resources, tools, and support needed to embrace PWUD instead of pushing them to the margins.

As an award-winning leader in the United States for implementing innovative harm reduction approaches that improve outcomes for PWUD, OnPoint NYC is supported by the New York State and New York City Health Departments. We are a New York State certified Syringe Service Program and a state-funded "Drug User Health Hub." As a State health hub,

we have started hundreds of participants on buprenorphine, providing over 1,000 maintenance visits for these participants, and thousands of wound care treatments, medication adherence counseling sessions, and triage for emergent medical needs.

We were founded as and continue to operate as a peer-led model, where many participants become volunteers and then staff members. Thus, our staff come from the communities we serve and represent lived experience with drug use, sex work, and criminal legal involvement.

Our programs have served over 99,000 unique participants since 1992. As the largest harm reduction service provider on the East Coast, we are currently serving over 10,000 individual participants per year.

In response to an unabating public health crisis resulting in catastrophic loss of life and profound distress in communities across the United States, on November 30, 2021 OnPoint NYC made history by becoming the first organization in the United States to open and operate two publicly recognized Overdose Prevention Centers (OPCs).⁴ These are health facilities that include rooms where people can consume pre-obtained substances under professional supervision. Our OPCs are located in Washington Heights and East Harlem, in Manhattan. They are modeled after similar evidence-based, public health facilities operating in over 120 locations in 11 countries around the world. The first opened in Bern, Switzerland in 1986. OPCs currently also operate in Australia, Canada, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, and Spain and now, the United States.

Who we Serve

We believe in a community model of care. In this spirit, our programs are open to all members of the community. They are designed

4 The Nation's First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City - PMC (nih.gov)

to reduce adverse health outcomes and enhance the quality of life for PWUD and PWESW, members of the community who are deserving of the same value, investments and belonging as other residents.

Our priority population are beautiful people – mothers, fathers, aunts, uncles, siblings, grandparents, etc. – who face significant barriers to care, stabilization services, and sustained recovery, and are at the highest risk of overdose death. Nearly 75% of our participants are unstably housed and have extremely low income. Over one third are street homeless.

Over 80% of our participants report histories of trauma, and more than half meet the criteria for co-occurring substance use disorder and mental illness.

Over 75% of our participants are Hispanic/Latino (55%) or Black/African American (22%), close to 15% identify as LGBTQIA+, and approximately 70% are men. Many of the people we serve are primarily Spanish-speakers.

One hundred percent of the participants enrolled at OnPoint’s OPCs have participated in detoxification, long term treatment, medication assisted treatment and/or attempted self-administered taper/’cold turkey’ at least once, if not multiple times. Our OPCs keep them alive wherever they are in their journey.

Our Approach

The “war on drugs” has proven to be a war on drug users. Harm reduction is the epitome of meeting people where they are and, like other harm reduction providers, we treat people with dignity and welcome them into our continuum of care. Through love, not punishment, staff support participants to heal and stabilize their lives with agency.

How our model works:

Each of our sites operates a Harm Reduction Wellness Hub, which provides an array of programs and services under one roof, called ‘closed-loop service provision.’ Run by OnPoint’s skilled and trained staff and a few thoroughly vetted partners, we address the most pressing needs of people who are chronically underserved and deeply marginalized by providing holistic and loving care informed by our participants. Through regular gap analysis, we develop programs to improve their social determinants of health.

Our ‘closed-loop service provision’ greatly improves continuity of care. In integrating clinical, mental health and care coordinators into our lowest threshold programs, participants are provided with an opportunity to engage in deeper care without having to leave the program spaces they are most comfortable in.

“I’m from Washington Heights. I slept in a park for like four years. Nobody don’t see you for who you are, you’re just a homeless person. [A staff member] talked me into coming here... and I got the best treatment. I got treated like I was human. This place actually sees you... they try to help you the most. That’s a good feeling... being a part of society.”

– Shawn, OPC participant



OnPoint's Overdose Prevention Centers are one program among many services offered through our co-located model of care. Each service provides a point of entry into the organization. For people who use drugs, the Overdose Prevention Centers provide a caring, safe, supervised environment that prevents overdose death and ensures participants stay alive as they pursue wellness through other programs and services.



A participant receives medical treatment at the East Harlem clinic



East Harlem Drop-In Center
Photo: Donavon Smallwood, NY Times

“I also use the DIC [Drop-In Center] to get food, get out of the rain, the snow, the cold, the warmth, whichever, you know, whatever you get. Housing, food stamps, insurance, I mean anything that you really need in life, you can get here. You don’t have to worry about using outside, getting arrested, dying. It’s the one place that we have for us.”

– Will, OPC participant

‘Closed-Loop Service Provision’ Includes:

DROP-IN CENTER

Our drop-in centers are safe, no barrier spaces where you see a beautiful community enjoying company, relaxation, and a respite from weather and other harsh conditions. In our drop-in centers, participants have access to the following free services:



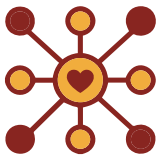
Nutrition Program – Hot meals and beverages are available throughout the day. While we maintain a meal schedule, we honor the deep roots of community care by feeding people when they are hungry.



Hygiene Program – Access to bathrooms, showers, laundry, and a fresh set of clothing is critical to health, wellness, and dignity. Loving on our participants includes staff washing participants’ clothing while they shower and providing new clothing when needed.



Syringe Services – As a New York State Department of Health authorized Syringe Service Program, we provide safer drug use supplies, education, and counseling to reduce the potential harms associated with drug use and needle-sharing.



Connectivity Services – In a digital age, an increasing amount of civic participation requires use of a computer, phone, printer, or fax. These amenities are available to participants to adhere to appointment needs, communicate with loved ones, access information, or play games.



Peer Supports – Staff within the organization often come from our participant population and can offer participants support, fellowship, and practical help. Participants often find comfort in connecting with staff members who have used OnPoint’s programs and services to aid in their stabilization.

From the drop-in center, we engage participants in additional programs and services we offer in-house and connect them to detox and treatment through outside partner providers.

HOLISTIC SERVICES

Our holistic program embodies the legacy and practices of the Lincoln Detox movement in the South Bronx, founded by the Black Panther Party, Young Lords, and Mutulu Shakur with the Republic of New Afrika. This movement pioneered acupuncture to support recovery and wellness for PWUD. We blend this legacy with the politics and practices of the Act Up movement of the 1980s, out of which grew the first harm reduction agencies. This “unspoken treatment” as we call it, integrates with our other programs to nurture the mind, body, and spirit. In this calming and aromatic environment, acupuncture, acupressure, aromatherapy, cupping, sound baths, reiki, and meditation are used to address trauma, stress, anxiety, drug use and overdose.

East Harlem holistic room

“Ever since I was young, I’ve had a lot of trauma. I’ve been arrested 33 times... nobody should be arrested for spitting on a floor or jaywalking... since I’ve been here I feel way better about certain things. Not only did I stop getting arrested but things in this center helped me so much from acupuncture to chiropractor to even the food services. The showers, I’m in a shelter now so nobody wants to go outside smelling dirty or anything... the laundry services help a lot and the staff, they treat you like a human being. Besides the booth, the smoke room and every other service, just hanging out here with good people watching TV, something like that, just the smallest things you know could make a big difference to somebody.”

– Steven, OPC participant

HARM REDUCTION MENTAL HEALTH PROGRAM

Our Harm Reduction Mental Health Counselors are licensed social workers who provide free individual therapy, group therapy, crisis intervention and early-interruption of escalating mental health crises to prevent interaction with police or emergency psychiatric services. Our Psychiatric Mental Health Nurse Practitioners provide screenings and prescriptions for medication to support participant stabilization. Participants can also garner peer support through our mental health counseling groups, which are led by people with lived expertise.

“This place means a lot to me but one of the things that is a big plus is that they have staff for everything like... on-site medical staff like nurses. That’s a very big plus because to have somebody just walk up to you and tell you hey you know I’m here for you... you feel like you’ve been missed... having a nurse tell you that, you feel big... she’s a professional. I don’t feel like a participant. I’m a member of the Washington Heights OPC.”

– Los, OPC participant

CLINICAL CARE

Much of the care our participants require is for health needs resulting from being unhoused, food insecure, and disconnected from primary care. In our clinics, medical professionals – nurses, physicians, physician’s assistants, and fellows – lead with the care our participants tell us is best for them. This can include addressing chronic health conditions,

providing HIV and Hepatitis C testing, wound care, counseling, on-site buprenorphine as medication-assisted treatment (MAT), and linkage to other addiction treatment programs.

Participants can be screened, prescribed, and treated on-site with buprenorphine while accessing the OPCs or other programs in our buildings. MAT is used to support participants in their recovery from substance use disorder and is also a tool to decrease overdose risk, support tapering goals and manage withdrawal symptoms.

Our clinics are staffed by clinicians employed by OnPoint and through our longstanding partnership with Montefiore Medical Center. This partnership supports clinical infrastructure and facilitates connection into the larger hospital system.

CASE MANAGEMENT

Our case managers are advocates and coaches in connecting participants to programs and services such as health insurance and income benefits, counseling and mental health services, community support and securing vital forms of identification and housing. As a result of stigma, punishment, and isolation, our participants are routinely disconnected from people and services. Having the coaching and support to establish connection to vital services means participants spend less time navigating barriers and more time working toward wellness and stability.

HEALTH PROMOTION AND RECREATIONAL GROUPS

We offer a daily variety of groups. Many have a health promotion focus, such as our MAT support groups, drug education groups, and Hepatitis C education groups. Other groups, such as open mic, comedy hour, art therapy, gardening, and beekeeping, feed the human need for fun, creativity, and celebrating our unique talents.



East Harlem Garden

GARDEN

Our garden provides staff and participants with an open space to rest, recharge, and connect with the Earth. In this space, we hold ceremonies for loved ones we have lost, honor those who are still with us, provide holistic services, celebrate life milestones, support participants following an overdose, and share meals.

PROFESSIONAL DEVELOPMENT PROGRAM

As a peer-led model, we recruit heavily from our participant base and prioritize people with lived expertise in our hiring. Twenty-five percent of our staff are former OnPoint participants and 90 percent have personal or family experiences with criminal legal system involvement, drug use, or housing instability. In order to ensure we are equipping our staff and participants with skills and education they can leverage for economic mobility and long-term stabilization, we provide a growing array of training and classes. This includes basic, intermediate, and advanced computer classes, resume-building sessions, and volunteer and employment reentry opportunities.

RESPITE | *Sleep is the freest medicine*

A strengthened immune system, healthier organs, improved mental function, and

regulated moods are just some of the ways sleep supports health and wellness. Experiencing housing instability and homelessness, our participants often lack sleep and experience the health harms of sleep deprivation. During operating hours, our respite program provides a safe place to sleep for our participants who may be sleeping on park benches, in encampments, or other public spaces during the day, which is often safer than nighttime sleeping for unhoused people. Our respite program is an alternative to the traditional sheltering system where PWUD are not welcome and often do not feel safe.

OUTREACH AND PUBLIC SAFETY

Serving the community means being out in the community. Our outreach and public safety teams provide services to people in East Harlem, Washington Heights, and the Bronx and engage them in our full array of programs. We distribute food, clothes, safer drug use supplies and educational materials, and clean up syringe litter and other hazardous waste. We also educate community members on harm reduction, overdose intervention, and other services and maintain a hotline for community members to request a team be dispatched to clean up syringe litter and help divert public use.



Members of OnPoint NYC Outreach & Public Safety Team

“I live just a few blocks away from OnPoint’s overdose prevention center on 126th Street. I pass OnPoint with my two young children nearly every day, to and from our way to school. We have lived here since 2019, before the overdose prevention center was opened. My children used to attend the Association to Benefit Children across the street. I never felt like OnPoint’s close proximity was an issue or concern. I’ve witnessed syringe pick up often in surrounding streets, and especially along 126th. I’m grateful for this cleanup effort. There are far fewer syringes on the street near our apartment. There are absolutely areas of concern in the neighborhood that I’d like to see addressed (houselessness and mental health services come to mind), but the overdose prevention center isn’t one of them.”

***- Megan M.
East Harlem Resident***

Drug Checking staff test a sample using Fourier-transform infrared (FTIR) spectroscopy



DRUG CHECKING

Through a partnership with the New York City Department of Health and Mental Hygiene, on-site drug checking is available using a combination of technologies. This includes Fourier-transform infrared (FTIR) spectroscopy and immunoassay test strips including fentanyl, morphine, cocaine, benzodiazepine, xylazine, ketamine, and methamphetamine. Secondary verification testing with a partner laboratory provides quality assurance and can provide more information about a sample. Participants and staff bring samples of drugs used in the OPC or community settings to be tested before use, as a harm reduction measure, or after a severe adverse reaction, such as overdose or skin issues. Testing helps inform public health interventions to the changing drug supply and enables us to counsel participants about adulterants in the supply that can lead to adverse health outcomes.

OVERDOSE PREVENTION CENTERS

At the foundation of the above services are our overdose prevention centers. OPCs are a tangible example that bold, brave, and loving action can quickly and effectively save lives in the face of a crisis. OPCs are safe spaces where people can consume pre-obtained substances and be supervised post-consumption by personnel trained to identify and respond to the earliest signs of overdose. OPCs prevent fatal overdoses especially for high-risk populations, like street homeless individuals, and they foster stigma-free spaces for engaging a population traditionally underserved by formal healthcare services. As such, they are a necessary part of a comprehensive solution to the overdose crisis and overall health and wellbeing.

The OPCs are well-lit rooms with tables or booths around the room and enclosed, ventilated spaces for smoking.

Smoking rooms: Our OPCs operate communal inhalation rooms to address the increasing prevalence of adulterants – including fentanyl and its analogues – in drugs other than opioids. In recent years, fentanyl has increasingly been found in batches of crack, cocaine, methamphetamine, and other substances commonly smoked. Participants who are not dependent on opioids – or don't use them regularly or at all – who encounter a contaminated batch of drugs, are at elevated risk of overdose and death.

Washington Heights OPC



When a participant comes to use one of these rooms, they are asked a series of questions, including what drug they plan to use, how much they plan to use, and how they will use it. Participants then wash their hands before they are directed to a booth or smoking room and supplies. The drug use is the primary purpose for the overdose prevention room and the least interesting activity in the room. More interesting are the conversations, community, and care. It's a space in which participants feel loved and seen.

Primarily, OPCs:

- prevent overdose death and other health risks associated with drug use,
- facilitate connection to care (including detox, treatment, medical care, housing, etc.), and
- reduce public drug use and syringe litter in public spaces.

For people who actively use drugs, the ability to plan their use is critical to wellness and stabilization, yet hard to do in community settings. In the OPCs, staff provide harm reduction education and support participants to evaluate their modes and modality of use. Introducing practical and tailored safer use strategies helps to shift patterns away from the dangers associated with survival drug use and towards more planful maintenance use. This can look like smaller doses, spaced out over longer periods of time, testing drugs for adulterants, or engagement with other programs and services between visits to the OPC. The stabilization of use is an important progression toward other goals, such as obtaining housing, employment, primary care, and reuniting with family.



Washington Heights OPC



East Harlem OPC staff demonstrate an opioid overdose response.

“When the overdose prevention center opened, I supported it even though there were people in our community who rallied against it. And I asked the question. If it was your mother, your father, your sister or brother, would you want them to overdose and die or would you want this center here?”

**– Robert Jackson
NY State Senator**

YEAR 1 BASELINE FINDINGS AND IMPACTS⁵

(NOVEMBER 30, 2021 – NOVEMBER 29, 2022)

Overdose Interventions

Baseline data: Our staff intervened 636 times to prevent overdose death and other associated harms.

Findings: In the first year of OPC operation, our sites prevented a potentially fatal overdose at ten times New York City's estimates² and prevented many more overdoses through safer use practices such as smaller doses, alternate modalities of use, and drug checking.

Proximity and training were key advantages OPCs provided in preventing overdose death and other health risks associated with drug use. In contrast to typical overdose interventions in public or community-based settings, trained staff were present for the onset of concerning symptomology and intervened within seconds. Immediate intervention critically helped to prevent the loss of consciousness – which maintained optimal functioning of the respiratory, cardiovascular, and central nervous systems – and halted the progression of even serious fentanyl-involved overdoses.

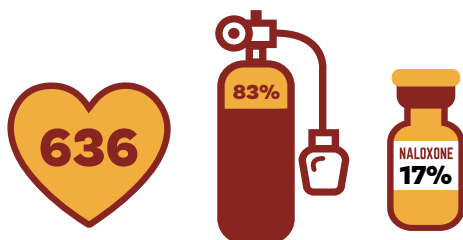
Impact: We saved lives 636 times by preventing overdoses from becoming fatal.

Baseline data: 83% of opioid overdoses were resolved without the need for naloxone.

About opioid overdoses: Opioid or depressant-involved overdose refers to an overdose where normal respiratory function is severely impaired and, without intervention, could result in serious harm or loss of life. Opioid or depressant-involved overdoses usually include consumption of heroin, fentanyl, benzodiazepines, counterfeit/prescription pills, and, increasingly, xylazine, either intentionally sought or unintentionally consumed.

Findings: Different from overdose interventions done in emergency situations, typical overdose responses in our OPCs did not rely on the widely available 4mg nasal formulation, often sold under the brand Narcan, and most of the time did not require naloxone at all. We prioritized the use of oxygenation, agitation, and monitoring in our overdose response protocol. These are all interventions that do not induce precipitated withdrawal. Large doses of naloxone can induce precipitated withdrawal in individuals who are opioid dependent. Symptoms often include nausea, vomiting, headache, chills, and anxiety. Because of the severity of symptoms, people in withdrawal are more likely to take more of the substance before it fully leaves their system to subdue their pain. This creates a risk of subsequent overdose.

When naloxone was necessary, our doses started as low as 0.2-0.4mg microdoses given intramuscularly, which blocks enough of the brain's uptake of opioids to restore breathing.



⁵ Preliminary data, November 30, 2021 to November 29, 2022

⁶ Overdose Prevention in New York City: Supervised Injection as a Strategy to Reduce Opioid Overdose and Public Injection

This method prevents precipitated withdrawal. These outcomes demonstrate the efficacy of OnPoint's innovative approach to staff training. All OPC staff are trained to respond at the level of a registered nurse, using many of the same tools and techniques. Providing clinical and professional skills training to para-professional staff is not only possible, but essential.

Impact: Participant-centered care contributed to positive participant experiences, reduced prevalence of subsequent overdoses, helped to build trust and deeper engagement in wrap-around services.

Baseline data: 23% of overdoses were stimulant-involved.

About stimulant overdoses: An overamp refers to a stimulant overdose where the participant is displaying concerning neurological (e.g., involuntary movements, catatonia, stroke, seizures, shock), cardiac (e.g., sweating, racing heart rate, cardiac incidents), or mental health (e.g., delusions, paranoia, psychosis) symptoms and can no longer self-regulate their behavior or bodily systems, potentially becoming a danger to themselves or others. Overamps usually involve consumption of cocaine, crack, K2, methamphetamine, and ketamine, either intentionally sought or unintentionally consumed.

Findings: For stimulant-involved overdoses (also called overamps), staff focused on providing personalized support and employing system-calming strategies, including stimuli management, redirection and affirmation, cooling/heating, monitoring vitals, and hydration. Calming spaces, which include use of our garden, greatly supported these interventions.

Impact: In 146 instances, our staff actively intervened in an overamp that would have otherwise occurred in public. In addition, our OPCs likely prevented overamps in many other instances of stimulant use through access to a safe and calming environment. Overamp symptoms – like panic attacks – are often escalated by loud noises, crowded streets, moving traffic, and upset reactions of passersby. Self-soothing options are limited in these scenarios and can present in ways (e.g. ripping clothes off, running down the street, and yelling) that result in detainment by law enforcement or other emergency responders.



An OnPoint staff member uses de-escalation to support a participant experiencing a stimulant-involved overdose.

Utilizations

Baseline data: Our OPCs were used by 2,841 unique participants.

Findings: Most of the participants who used the OPCs in the first year were already connected to OnPoint. In the first two months of OPC operation, we served 613 participants.⁷ This demonstrated the existing demand for OPCs by our pre-OPC participant-base. Still, it required intentional effort to build the OPC participant-base and took time for

⁷ First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US | Psychiatry and Behavioral Health | JAMA Network Open | JAMA Network

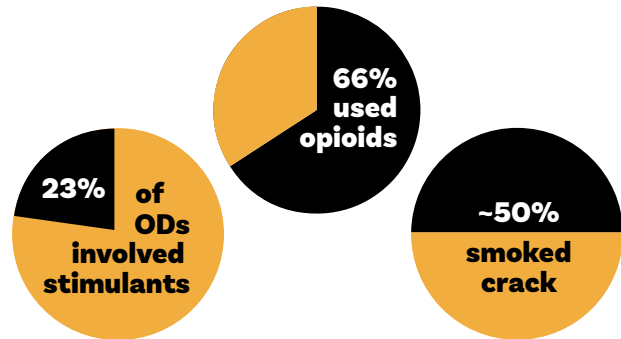
participants to use the OPCs more regularly. Substance use is private and personal, and many participants did not initially want staff present as they used. To increase comfort and encourage use of the OPCs, we outfitted the rooms with personal screens to provide partial privacy. Over time, use of the screens lessened as participant trust and comfort increased and the rooms developed a community environment. As a result of having access to the OPCs, our participant base grew and PWUD who had not previously engaged with OnPoint became participants.

Impact: 2,841 individuals had a safe place to use, we increased the number of people served, and expanded participants' available points of entry to wrap-around services.

Baseline data: There were 48,533 utilizations of the OPCs.

Findings: In the initial months of OPC operation, the average number of utilizations per month was 2,988.⁸ This average increased to 4,256 utilizations per month by the end of the first year, representing an increase in frequency of use by many participants and a growing OPC participant base.

Impact: In 48,533 instances of drug use, a potentially fatal overdose was prevented and/or drug use was diverted away from parks, public transit, and other public spaces.



Substances

Baseline data: 66% of participants used opioids.

Baseline data: ~50% of participants smoked crack.

Findings:

- In East Harlem, crack smoking was more common (58.4% of utilizations).
- In Washington Heights, opioid injection was more common (67.3%).

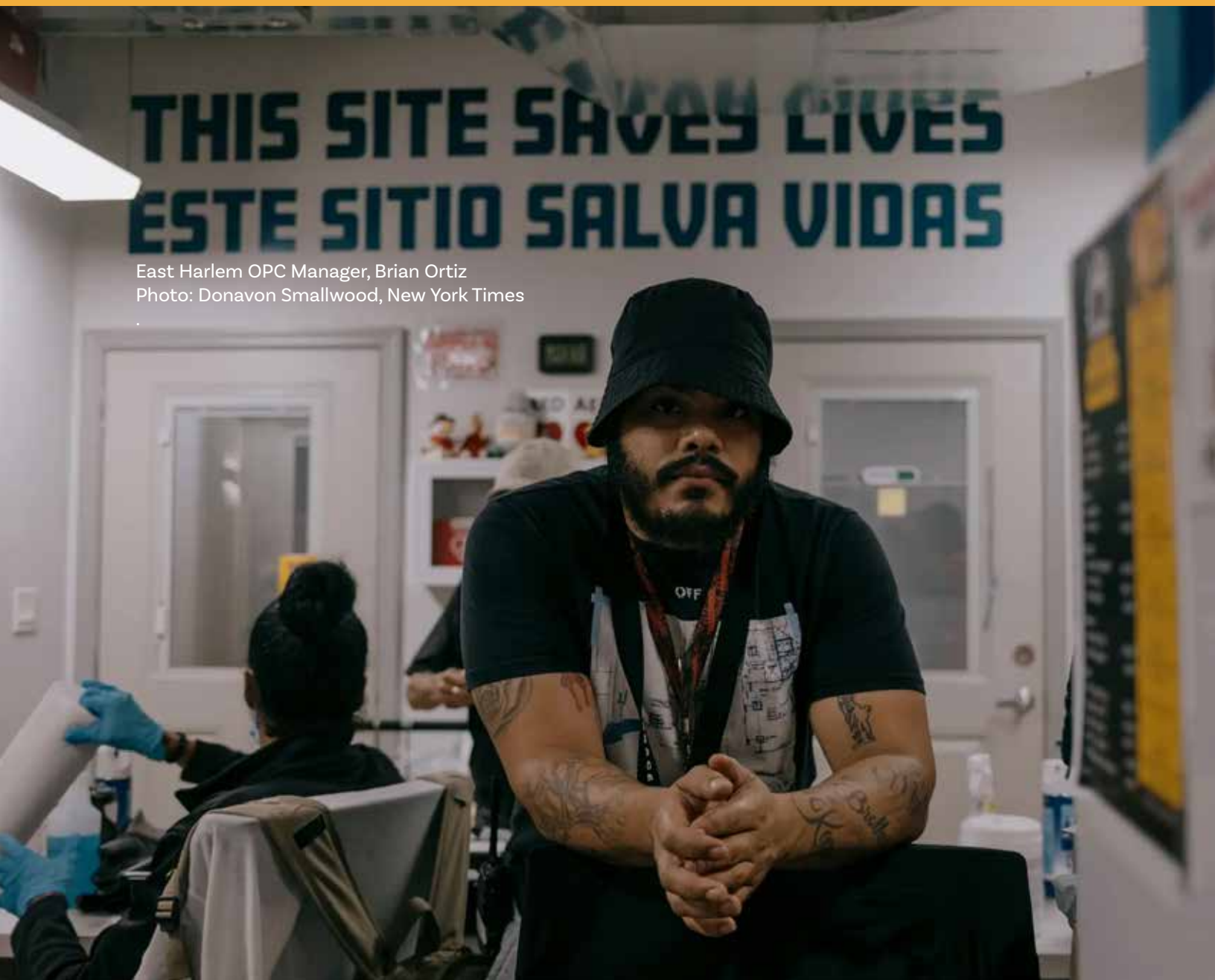
New drugs, adulterants, cuts, analogs, and synthetic variants were constantly introduced into the already-toxic drug supply, meaning PWUD were at continual risk of dangerous adverse effects, including overdose. Thus, the relationship between substances and the symptoms they produced in the body drove our intervention strategy and training, rather than a preoccupation with the substances alone. Therefore, our overdose response protocol emphasized the importance of symptoms.

Impact: Participants received highly individualized care based on an understanding of their health and mental health, substances they used, symptoms they presented, our relationships with them, strategies that work for them, and their personal goals.

⁸ First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US | Psychiatry and Behavioral Health | JAMA Network Open | JAMA Network

In the past several years I have partnered with OnPoint to provide food, clothing, and shelter for hundreds of people. What stands out the most about OnPoint is that they have cleaned up the neighborhood by providing a safe clean place for [people who use drugs] to use their substances. Before OnPoint came to East Harlem hundreds of [people who use drugs] were using their drugs in the buildings [nearby]. There are so many other programs that [participants] can take part of once they are inside the OnPoint building. As a resident of East Harlem I am grateful for OnPoint being on the block in which I live.

***– Monique Jones
CEO/Founder Eastside Consortium of Entrepreneurs***



East Harlem OPC Manager, Brian Ortiz
Photo: Donavon Smallwood, New York Times

Wellness & Stabilization

Baseline data: More than 75% of OPC participants accessed wrap-around services.

Baseline data: 1 in 5 participants were referred to housing, detox, treatment, primary care, or employment.

Findings: Participants accessed basic needs support, harm reduction counseling and education, holistic and medical care, and mental health services. For many of our participants, the experience of care in the OPC is the beginning of a shift toward seeking and participating in supportive services. This shift has led to many instances of family reunification, employment, housing, connection with a permanent health care provider, and more.

Impact: More than 75 percent of participants were provided with wellness and stabilization services as a result of having access to the safe space that OPCs provide.

“I was homeless for like four years, and they got me into a spot, into a shelter. I stayed there for three years, they got me into an apartment, and hopefully I’m gonna get a job here... You know, just because we use don’t mean that we’re nobody, we’re trying. I’m happy that they’re here to help us, you know, without them I don’t know where I’d be right now.”


– Shawn, OPC participant

Baseline data: 100% of OPC participants who wanted to go to detox or inpatient substance use treatment were connected to outside providers.

Findings: All OPC participants have attended some form of addiction treatment program at least once, if not multiple times, over the course of their addiction. Harm reduction exists as a non-judgmental place for people to land safely should they return to use post-discharge from an addiction treatment program or any period of abstinence – a period of extremely high risk of overdose death.

We routinely hear from our participants that they often experience interactions about treatment as coercive or punitive. As harm reductionists, we recognize that detox and treatment are most effective when participants engage in them voluntarily. Therefore, we follow their lead about what they need. When our participants initiate a conversation about treatment – and they do regularly – we respond immediately and connect them to providers as needed. OnPoint staff are trained in trauma-informed care and motivational interviewing to best support participants as they navigate through the process. Participants interested in MAT can be screened, prescribed, and treated on-site with buprenorphine while accessing the OPCs or other programs in our buildings and through our mobile medical unit.

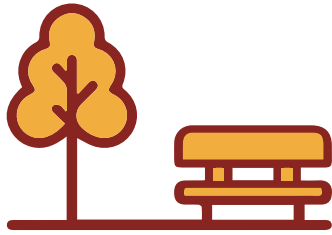
Impact: Participants stayed alive and engaged in services until they were ready for treatment or other changes.



“At times I struggled, but throughout the process, it gave me opportunity and it gave me the resources I needed by not judging me throughout my addiction to heroin and crack cocaine... wasn’t a lot of resources out there but the OPC, and they really gave me the opportunity to transition, to being sober and met me where I was at, and I’m very appreciative to that.”

– Brian, former OPC participant

Brian (pictured) proudly maintains his sobriety and still comes to OnPoint for acupuncture treatment.



Community Impact

Baseline data: Out of 48,533 OPC utilizations, EMS was called 23 times.

Findings: Out of 636 overdoses and 48,533 total utilizations, emergency medical services (EMS) were activated only 23 times (3.6% of overdose interventions; 0.05% of visits) for reasons including precautions for underlying or pre-existing health conditions (pacemaker, history of stroke), other symptomology after staff had stabilized the overdose, and when aftercare was required beyond our operating hours. In the first two months of OPC operation, EMS was activated in less than one percent of utilizations.⁹ Over the course the first year, the average use of EMS decreased to less than half a percent of all utilizations, reflecting greater staff confidence and practice in stabilizing overdose symptoms.

Impact: OnPoint's OPCs saved EMS, local hospitals and law enforcement millions of dollars in unnecessary emergency services activations. A reduction in calls to 911 for medical emergencies¹⁰ during our first year of OPC operation correlates with this impact.

Our OPCs, as part of our full model of care, alleviated burden on EMS, local hospitals, New York City Police Department (NYPD) and other law enforcement, New York City Fire Department, and New York City Department of Parks and Recreation (NYC Parks) by freeing up resources and providing an appropriate alternate setting for people lacking access to bathrooms, showers, food, rest, and whose drug use occurs in public.

Baseline data: OPCs averted public drug use in 81% of visits.

Findings: At 81%¹¹ of OPC visits during the first year of operation, participants reported they would have used in a public space or semi-public space if they did not have the option of using the OPC at that time.

Impact: As a result of our OPCs, tens of thousands of instances of drug use that would have occurred in public spaces did not occur. We were proud to celebrate with NYC Parks the reopening of Quisqueya Playground the summer following the opening of our OPCs. Located across the street from our Washington Heights location, the playground closed during the COVID-19 pandemic and had not reopened for more than two years. Public drug use was cited as one of the reasons the park had remained closed.

Baseline data: 435,078 units of hazardous waste kept from public parks, streets, and buildings.

Findings: In addition to diverting those instances of otherwise public drug use, our OPCs collected 435,078 units of hazardous waste in the first year, which may have otherwise been improperly discarded in public spaces.

Impact: Hundreds of thousands of units of syringe litter and other hazardous waste were kept away from public spaces and properly discarded. Before opening our OPCs, NYC Parks reported collecting an average of 13,000 syringes per month from Highbridge Park – located across the street from our Washington Heights location. In the month following the opening of our OPCs, syringe collection dropped to 1,000.

9 First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US | Psychiatry and Behavioral Health | JAMA Network Open | JAMA Network

10 Overdose Prevention Centers, Crime, and Disorder in New York City | Public Health | JAMA Network Open | JAMA Network

11 From analyzed data of 39,422 visits

“The OPC has been a helpful resource in our community. When there are individuals who are leaned against the building where we work, either actively consuming drugs or preparing to do so, we or our colleagues will call the OPC hotline number, and they send an outreach team to speak to the individuals, and to try to persuade them to do what they are doing in the OPC center instead, where it’s safe and where they could be offered other services, where perhaps eventually they can begin their journey back to recovery and sobriety. The OPC team has also been so responsive in clearing the sidewalks of used needles and other drug paraphernalia, making it safer for pedestrians – especially our children – to walk. But most importantly of all, they save lives. Just this past month, on the block where we work, there were not just one but two individuals who had passed away on the street overnight from an overdose, who were found by the staff who showed up early to work the next morning. If only the OPC had gotten to these individuals before this one last fatal trip.

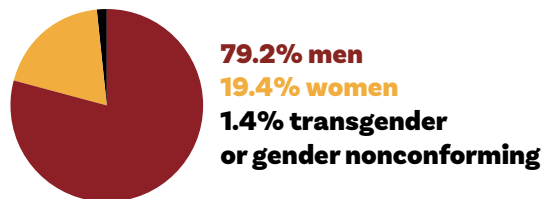
***- Eri Noguchi, Associate Executive Director
& Gretchen Buchenholz, Founder & Executive Director
Association to Benefit Children (ABC)***



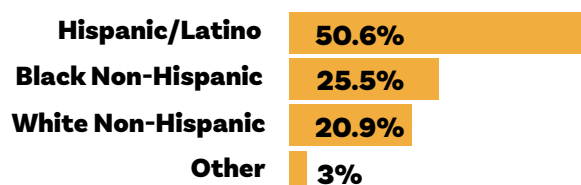
OnPoint NYC's Outreach Team
Photo: Donavon Smallwood, New York Times

Participant Demographics

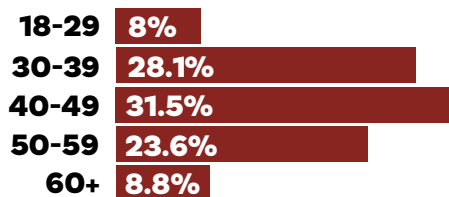
Gender:



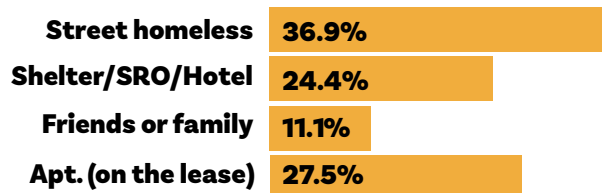
Race/Ethnicity:



Age:



Housing Status:¹²



Data Collection

Prior to opening our OPCs, we developed systems, protocols, and training to meet our operational priorities and continued to revise and improve them through the first year of operation. With colleagues from New York City and around the country, we put together short, easy to administer, and meaningful intake and visit forms to collect important data about the people using the space, and

to provide useful clinical information to the OPC staff. Due to the sensitive nature of our services, and the importance of participant privacy, we do not require that participants provide their full names, or even their real names and dates of birth. We create identification codes for each participant so we can track their participation over time.

The first year of data was all collected on paper by the staff members operating the OPCs. These paper forms were then sent to our data team for entry into electronic format. The volume of data was overwhelming to input, which was a barrier to sophisticated and easy analysis of our data. To streamline our data systems, during the first year we worked with colleagues who volunteered to develop an electronic data system. An electronic system allows staff to capture and manage information related to participants' drug use, which is important for real-time responses in the OPC and for tracking participant health and program progress more seamlessly. This system required a significant amount of coding and support from the external volunteers who could not offer long-term support. Ultimately, the project was left incomplete and we had to start from the beginning with a new system. This time, we chose REDCap, a system that was more familiar to our staff and had lots of available support. REDCap launched in October 2023, greatly easing our ability to fulfill and report on our programmatic priorities.

PUBLIC EDUCATION, AMBASSADORSHIP, ADVOCACY

When we opened the doors of our OPCs two years ago, we knew that providing high-quality, lifesaving care would need to be coupled with public education, ambassadorship, and advocacy to expand OPCs across the country where they are needed. Establishing the first two recognized

¹² For the 1,662 OPC participants who reported their housing status at OPC enrollment

OPCs in the United States is a collective achievement of the harm reduction movement. It is the result of decades of innovative practices to provide our loved ones and communities with what they need to stay alive and healthy in the face of criminalization and exclusion from formalized systems of support. Harm reduction was born out of a deep love of people and the need to support and save lives where government entities refused or lagged. OPCs are an extension of this love.

We recognize the power of people experiencing for themselves the impact of harm reduction. Shortly after opening the OPCs, we made a conscious decision to incorporate tours into our operational capacity and priorities. Tours are time and resource intensive and require coordination across the organization to minimize disruption to service delivery. Since the launch of our OPCs, we have welcomed community members, government stakeholders, philanthropists, other community-based organizations, and people across the drug treatment policy and services sectors into our space to witness for themselves the impact of the OPCs and our full model of care. We have received more than 300 visit requests and have hosted more than 250 tours representing jurisdictions across the country. During these tours, we've invited visitors into our amazing work – showcasing our holistic services, healthcare clinic, and low-threshold services while also discussing the impact of our mental health, case management, and outreach and public safety teams. Through tours, we educate and increase awareness of the critical impacts of the OPCs and our Harm Reduction Wellness Hubs.

To demystify public perception and increase understanding of OPCs among the public, our staff and leadership regularly engage with local and national media. To grow the field of study and discourse among people in the fields of health care and drug policy, our staff also participates in regional, national, and

international conferences.

Finally, operating the first recognized OPCs in the country is an honor and a responsibility. With support and resources, harm reduction providers throughout New York and the country can and want to be able to add OPCs to their models of care. Toward this end, we work in deep partnership with fellow harm reduction providers and drug policy partners to advance policies, practices and beliefs that increase health-based responses to drug use and bring public policy in line with the lifesaving interventions to end the overdose epidemic. In addition to hosting policymakers at our sites, we engage local and state elected representatives in the community, at their offices, and the State Capitol, to share the impact of our work and advocate for state authorization of OPCs among other legislation. To support the movement across the country to open OPCs, we speak with legislative bodies, provide testimony, share information and provide technical assistance to municipal and state governments exploring models in their own jurisdictions.

PARTNERSHIPS

As a longstanding community-based organization, our partnerships grow out of mutual care for people and the environment. OnPoint's low-threshold programs are designed to meet the particular unmet needs of people who use drugs (PWUD) and people who engage in sex work (PWESW) in order to reduce adverse health outcomes and enhance the quality of their lives. An additional benefit of our low-threshold model is that all community members can access our services, and many do. More than half of our participant base accesses services unrelated to substance use, such as medical care, holistic services, and hot meals. Through partnerships, we extend our services beyond our participant base into schools, parks, block parties, and other community spaces. This includes holding vaccine drives, holistic

wellness days, job fairs, overdose response trainings, Narcan distribution, syringe clean-up, and more. In addition, we actively participate in community board, task force, and other meetings where we can hear from the community and be responsive to quality of life and other issues.

By serving our participants and other community members, we intentionally build opportunities for the community to value our participants as residents rather than isolate them as problems. This shift in the relationship between our participants and other community members opens pathways to co-create solutions that are rooted in collective care.

Likewise, our participants have often experienced neglect, poor treatment, and coercion by traditional systems and services. We collaborate with a multitude of partners in the community to deliver access to quality, destigmatized, low-threshold care for services outside of harm reduction providers – such as primary care, detox and treatment, gender-affirming care, reentry stabilization services, and housing. Through this work, we have seen increased acceptance of our participants and increased feelings among our participants that they are part of society. Building an expanded network of providers where our participants can receive care means more opportunities and flexibility for them to work toward wellness and stabilization according to their evolving needs.

Our regular engagement with the NYPD, NYC Parks, and the Metropolitan Transit Authority (MTA) are extremely important as this is often where our participants experience arrest and punishment. These experiences undermine wellness and stabilization by disconnecting them from services and networks of care. Inside of this work, we have built a greater understanding among NYPD, NYC Parks, and MTA employees about the ways arrest and punishment destabilize and dehumanize PWUD and unhoused people. Instead, we

engage them in our approach to care and encourage them to rely on our staff as trained, passionate, and caring responders. Demonstrating that communities can reduce reliance on arrest and punishment and implement humanizing response models supports the community's overall health.

FUTURE PLANS

OnPoint's Harm Reduction Wellness Hubs are becoming recognized nationally as a holistic way to engage PWUD. Our 'closed-loop service provision' model will enhance continuity of care and improve health outcomes for participants at our fixed-site locations in Harlem and Washington Heights as well as a Bronx mobile clinic.

Future programming includes the buildout of a commercial kitchen to create an in-house food and nutrition program that will provide meals to participants throughout the day. A respite room will soon re-launch, providing participants who are transient a safe space to sleep/rest with dignity and safety, offering an alternative to park benches and sidewalks. We are engaging in a partnership with local barbering and esthetician schools to open an onsite barber shop and hair salon where participants can receive free haircuts, colors and styles that reflect their personal preferences. This will also be a space to receive dignified lice and scabies treatments, hand and podiatry care. We will also bring pharmacy services on-site and via delivery, which will serve participants and other members of the community. These additional services will add to the holistic nature of our model and greatly improve our service provision.

Finally, PWUD should have access to services when they need them. Inside of this commitment, we are working towards expanding all low-threshold services to 24/7 operations, including but not limited to drop-in center services, respite, showers, laundry, food and nutrition services, overdose prevention and education, outreach, and public safety.

“I’ve been in this business a long time... Maybe 5 years from now, we will be reacting to OPCs like we do safe syringe exchanges. That’s where we are heading. It’s going to be a no-brainer shortly.”

– Theresa Tobin
Chief of Interagency Operations, NYPD



MEDIA AND RESEARCH

Media

[December 2021 - Supervised drug consumption sites exit the shadows - The Capitol Pressroom](#)

[January 2022 - Stayin' alive: Overdose prevention centers are saving New Yorkers - New York Daily News](#)

[January 2022 - 'It's saved many lives': first US overdose prevention centers give safe spaces to people in crisis - The Guardian](#)

[February 2022 - Amid a surge in deaths, a safe place to get high — and to avoid an overdose - Los Angeles Times](#)

[February 2022 - Why opioid overdose prevention programs work as NYC leads nation with 1st center - ABC News](#)

[March 2022 - Inside America's First Safe Drug Consumption Site - Invisible People](#)

[May 2022 - Reduce the harm: Supervised drug sites open in the U.S. in effort to prevent overdoses - CBS News](#)

[November 2022 - Lessons Learned from the U.S.'s First Sanctioned Overdose Prevention Centers](#)

[February 2023 - Opinion | Inside New York City's Radical Approach to America's Overdose Crisis - The New York Times](#)

[June 2023 - Opinion: Overdose Prevention Centers Help Make Communities Safer - City Limits](#)

[November 2023 - Do Safe Injection Sites Increase Crime? There's Finally an Answer - NY Times](#)

[October 2023 - Safe injection sites OnPoint NYC is allied with school next door - Brooklyn Eagle](#)

[OnPoint Media Center](#)

[OnPoint Youtube Channel](#)

Research

[The Nation's First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City -PMC | NIH](#)

[First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US | Psychiatry and Behavioral Health | JAMA Network](#)

[Overdose Prevention Centers, Crime, and Disorder in New York City | Public Health | JAMA Network](#)

[Overdose Prevention in New York City: Supervised Injection as a Strategy to Reduce Opioid Overdose and Public Injection - NYC Health](#)

“The facts are clear — overdose prevention centers save lives, Overdose prevention centers are an evidence-based approach to harm reduction we must authorize, invest in, and expand to combat our overdose epidemic. We applaud OnPoint NYC for their vital work in this space.”

Dr. Ashwin Vasan
NY City Dept. of Health & Mental Hygiene
Commissioner

“Giving people a safe, supportive space will save lives and bring people in from the streets, improving life for everyone involved. Overdose prevention centers are a key part of broader harm reduction.”



Dr. Dave A. Chokshi
NY City Dept. of Health & Mental Hygiene
Former Commissioner

“This follows in the path of syringe services, which have played a major role in addressing the HIV epidemic. Overdose Prevention Center services will help disrupt an overdose epidemic that has taken too many New Yorkers.”

Dr. Chinazo Cunningham
NY City Dept. of Health & Mental Hygiene
Former Deputy Executive Commissioner





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