
# YEAR TWO

*Impact report*

**Lessons learned operating the first government-sanctioned Overdose Prevention Centers in the United States from 2022-2023.**

WASHINGTON HEIGHTS CORNER PROJECT & NEW YORK HARM REDUCTION EDUCATIONS

ONPOINT NYC

*Serving NYC since 1992*

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Community members dancing during OnPoint NYC's Summer Care Fair.

Front cover: OnPoint NYC's senior team at our Washington Heights location.

# ABOUT US

OnPoint NYC works with people who use drugs and those who engage in sex work to support stabilization and wellness by providing an array of resources, tools, and support to enhance the quality of their lives. Grounded in love, staff offer a continuum of care that respects dignity and promotes healing. In addition, OnPoint NYC combats stigma and advocates for social justice.

Our Wellness Hubs in East Harlem and Washington Heights provide comprehensive wellness services and programs in addition to the Overdose Prevention Centers. We prioritize holistic, participant-informed care, improving health outcomes for our community members, often marginalized by society. By maintaining a 'closed-loop service provision' and embedding clinical, mental health, and care coordination throughout our programs, we ensure seamless, compassionate care without barriers.


## WELLNESS HUB

*** Services coming soon**

Our Wellness Hubs in East Harlem and Washington Heights foster healing in a supportive, loving environment.


Our Overdose Prevention Center at our Wellness Hub in East Harlem location (Photo by Sarah Duggan).

# OVERVIEW

In 2021, OnPoint NYC opened the first two government-sanctioned Overdose Prevention Centers (OPCs) in the United States. OPCs save lives and facilitate stabilization. This program has enhanced the organization's Wellness Hubs, which provide holistic support for people who use drugs (PWUD).

**This report offers findings and insights from the second year of OnPoint NYC's OPC operations, a period that spans November 30, 2022 to November 29, 2023.**

In year one, we focused on establishing OPC operations, getting participants comfortable in the space, orienting them to this new program, and establishing flow between the OPC and wraparound services in our buildings. Our Outreach and Public Safety Teams are also stationed on the streets around our Wellness Hubs to respond to community concerns and bring individuals inside for care. The NYC Parks Department reported dramatic reductions in hazardous waste in parks and public spaces. The NYPD escorted individuals in need of our care to our program, and they see us as a critical partner in their work.

In year two, we continued our success in saving lives and supporting wellness through connections to care while




Community member painting a mural honoring lives lost to the overdose crisis at our East Harlem Wellness Hub (Photo by Sarah Duggan).

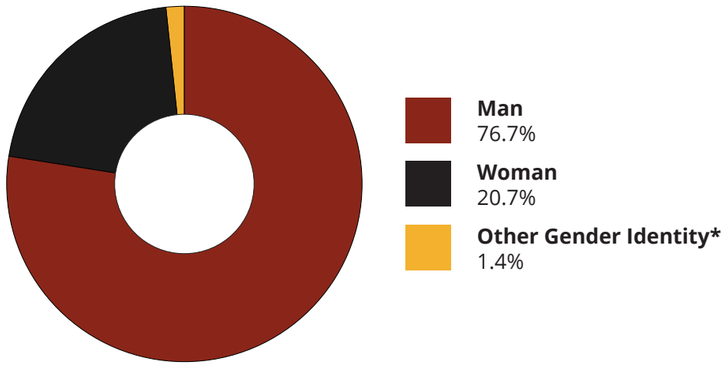
deepening relationships and providing more effective support to our community. In the second year of OPC operation, our staff intervened in 683 overdoses to prevent overdose death and other associated harms. In addition, 83% of participants were connected to wraparound services in our Wellness Hubs—a 12.0% increase in service utilization from year one to year two. Support for our model grew in the communities we serve, and our partnerships with the NYC Parks Department and NYPD deepened as well. This report demonstrates that OPCs have both immediate and long-term health and public safety impacts.

# DEMOGRAPHICS*

In our second year of operations, our OPCs continued to serve our community across East Harlem and Washington Heights. The following data highlights key demographics and housing status at enrollment during this period.

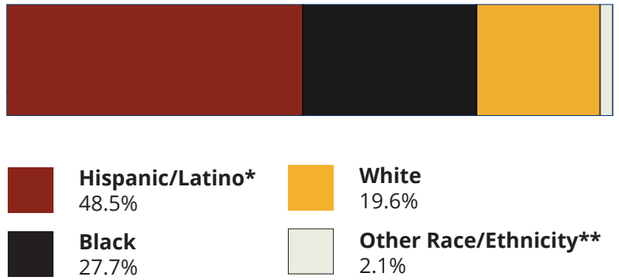
## GENDER[1]

Gender identity among OPC participants during year two of OPC operations (N=3,156 participants)



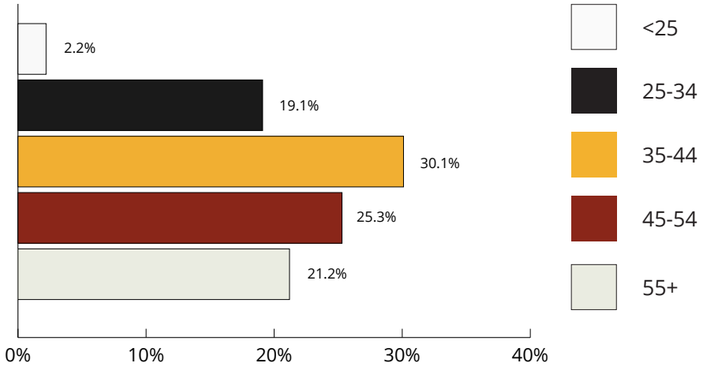

## RACE & ETHNICITY[2]

Race/ethnicity among OPC participants during year two of OPC operations (N=3,156 participants)



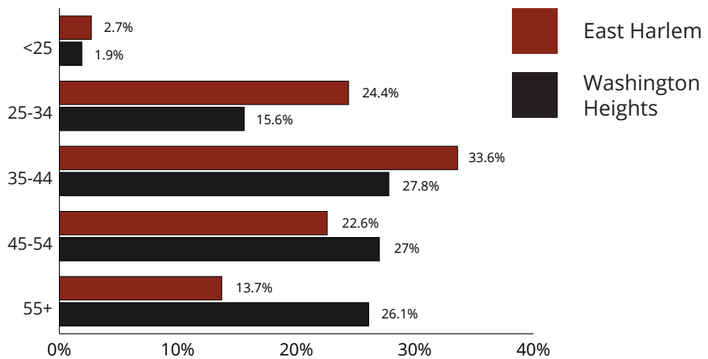

## AGE[3]

Ages among OPC participants during year two of OPC operations (N=3,156 participants)



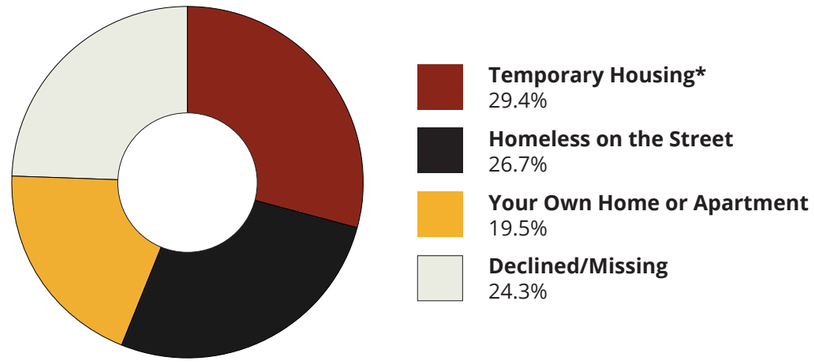

## AGE BY SITE[4]

Ages among OPC participants during year two of OPC operations, separated by site (N=3,156 participants)




## HOUSING STATUS[5]

Housing status at enrollment among OPC participants during year two of OPC operations (N=3,156 participants)




***** Source: OnPoint NYC OPC Enrollment Survey; 11/30/2022–11/29/2023

**1** *Includes transgender men, transgender women, and nonbinary individuals.
Additional categories not displayed in this figure: missing/decline (1.2%).

**2** *Includes persons of Hispanic origin based on ancestry reported in enrollment demographics, regardless of reported race. "Black," "White," "Other" race categories do not include persons of Hispanic origin.
**Includes Asian/Pacific Islander, Middle Eastern/North African, Native American/Alaskan Native, and multiracial individuals.
Additional categories not displayed in this figure: missing/decline (2.0%).

**3** Age calculated as: midpoint of year two operations (5/31/2023) minus date of birth.
Additional categories not displayed in this figure: missing/decline (2.2%).

**4** Age calculated as: midpoint of year two operations (5/31/2023) minus date of birth.
Additional categories not displayed in this figure: missing/decline (2.2% overall).

**5** *Includes shelter/SRO/hotel, staying with friends/family

## HIGHLIGHTS

**683**

**Fatal overdoses prevented.**

**61,184**

**Total visits to our Overdose Prevention Centers.**

**1.1%**

**Of year two visits resulted in an intervention.**

# OVERDOSE INTERVENTIONS

### DATA

During year two of OPC operations, our staff intervened in 683 overdoses to prevent overdose death and other associated harms. Out of 61,184 total visits, 1.1% of year two visits resulted in an intervention. The rate of overdoses as a percentage of visits dropped by 0.2% in year two.

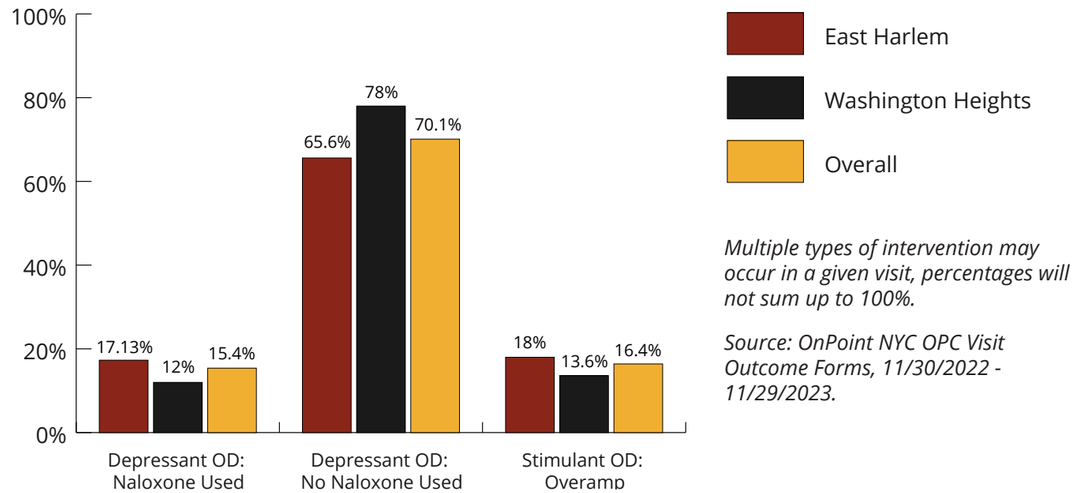
### FINDINGS

Overdose rates were driven significantly by the toxic and contaminated drug supply, which made stabilization particularly challenging. In the OPC, staff were able to warn participants about overdose activity and dangerous batches. Fentanyl concentrations fluctuated constantly, and the introduction of xylazine into the drug supply changed overdose presentation. This knowledge exchange between staff and participants was even more effective when tied to a drug checking program. Information on drug checking and changes in overdose presentation is detailed below.

Anecdotally, many participants reported in year two that they do not use anywhere other than the OPC. Participants have changed their routines and behavior to align their use with the hours of the program. They report that the safety and support they receive in the OPC has helped them understand how dangerous their use is. They do not want to use in public, and they do not want to use alone. They want to survive, they want to be healthy, they do not want to continue to use long term.

### INTERVENTION TYPES

Breakdown of interventions received during year two of OPC operations, overall and by OPC site. N=683 interventions




*Multiple types of intervention may occur in a given visit, percentages will not sum up to 100%.*

*Source: OnPoint NYC OPC Visit Outcome Forms, 11/30/2022 - 11/29/2023.*

### IMPACT

We saved lives 683 times by preventing overdoses from becoming fatal. Additionally, our OPCs prevented overdose occurrence. Through the uniquely intimate setting our OPCs provided, we enabled behavior change, changes in use patterns, and stabilization, which reduced the risk of overdose. The reduction in overdose interventions between year one and two is indicative of this success.

Staff demonstrate an overdose intervention at our East Harlem location.

# NALOXONE

## DATA

70.1% 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 loss of life. Opioid or depressant overdoses usually include taking heroin, fentanyl, benzodiazepines, counterfeit/ prescription pills, and, increasingly, xylazine, either intentionally sought or unintentionally taken.*

## FINDINGS

Our OPCs prioritized the use of oxygen, agitation, and close monitoring in our overdose protocol.

When naloxone was necessary, we used intramuscular microdoses. Microdoses free up enough opioid receptors to restore normal respiration without causing precipitated withdrawal – preventing symptoms such as nausea, vomiting, headache, chills, diarrhea, and anxiety.

In year one, we used 0.4mg doses. This is a fraction of the 4.0mg intranasal naloxone used in the community. In year two, staff became more adept at naloxone titration and administered doses as low as 0.1mg. Because staff were more proficient in dosing naloxone in smaller quantities (0.1mg as opposed to 0.4mg, for example), we administered naloxone in a slightly higher percentage of overdose responses compared to year one.

**70.1%**

**Of opioid overdoses resolved without the need for naloxone.**

These outcomes demonstrate the efficacy of OnPoint NYC's innovative approach to staff training. All OPC staff are trained in overdose response to the level of a registered nurse, using many of the same tools and techniques. Providing clinical skills training to paraprofessional staff is not only possible, but also essential.

## IMPACTS

We prevented precipitated withdrawal and produced positive and trusting participant experiences by providing participant-centered care. This kind of service provision results in deeper engagement in wraparound services over time.

## LESSONS LEARNED

We learned that microdoses of 0.4mg or less do not cause precipitated withdrawal for opiate users in our OPCs. This improves health outcomes for each participant who experiences an overdose in our OPCs. As our relationships with participants and our understanding of their use patterns deepened in year two, we strengthened our ability to provide more nimble and nuanced patient-centered care.

# HIGHLIGHTS

**16.4%**

**Of interventions were stimulant involved.**

**6.6%**

**Reduction in overamp occurrence from year one.**

**112**

**Instances of overamp in the OPC that would have otherwise occurred in public.**

# OVERAMP

## DATA

16.4% of interventions were stimulant involved.

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

## FINDINGS

Overamp occurrence reduced by 6.6% from year one.

For overamp intervention, 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, including the use of our garden, greatly supported these interventions. Additionally, as staff developed deeper relationships with participants, learned their triggers, experienced their unique episodes of psychosis and/or hallucination, we gained insight into personalized prevention strategies to ground the individual in space and time and disrupt the progression of overamp symptomatology. Our OPCs offered a uniquely safe and calming environment—creating a structural prevention strategy for overamps.

## IMPACT

In 112 instances, staff intervened in an overamp that would have otherwise occurred in public. This means, 112 times our staff prevented potential overamp symptoms, such as yelling, ripping off clothing, and running, from occurring in public spaces, where they would have likely been perceived as dangerous and experienced law enforcement involvement or other emergency responders. Our personalized care in our OPC setting uniquely prevented, disrupted, and resolved the progression of overamps.

## LESSON LEARNED

Personalized support is critical to both effectively resolve incidents of overamp and prevent escalation of overamp activity. OPCs are uniquely capable of building relationships with participants, which make real-time overamp prevention and intervention more impactful.

Overamps are emotionally and physically stressful. The experience of a participant during an overamp can improve significantly in an OPC. When participants feel safe and care is personalized, their distress decreases, and overamp events become less severe.

In years one and two, OPC staff developed expertise in managing and intervening in overamps. That expertise was shared across our programs. For example, we developed internal training in overamp response for our Outreach and Public Safety Teams, who are providing critical care in community settings. What we learn in OPCs radically increases staff capacity to provide a higher level of overdose care outside of an OPC setting.

# JF: PARTICIPANT SUCCESS

"JF," a stimulant user in East Harlem, has frequent overamps. JF survived a devastating fire, which he relives through flashbacks when using cocaine. In these incidents, he believes that he is on fire. We worked closely with JF over time to understand his experience of the fire and how he re-experiences the event during overamp incidents. Through this process, JF developed insight into his experience and together JF and staff were able to identify strategies to employ reality testing, ground him in the room, and affirm that he is not on fire while validating his experience. Additionally, we were able to work with JF on reducing his stimulant doses to minimize paranoia and psychosis. This work reduced the severity of JF's overamps in year two.

# EMS

## DATA

During year two of OPC operations, we called EMS only 23 times.

## FINDINGS

In year one, 23 interventions required EMS activation (3.6% of interventions and 0.047% of visits). In year two, although we served more participants and recorded more visits, we again called EMS 23 times, representing a slight decrease in the percentage of EMS calls (3.4% of interventions and 0.038% of visits).

Our OPC staff increased their expertise in identifying and managing early signs of overdose at onset to prevent progression of the overdose. In year one, we took each EMS call as an opportunity to learn and to increase staff competency and confidence. By year two, we only called EMS in cases of unresolved seizure activity or cardiac emergency.

## IMPACT

In year two, OPC staff continued to manage overdoses on-site without the need for emergency services, reducing healthcare costs for New York City. This impact should strengthen community confidence in the ability of OPCs to address drug use and overdoses safely and sustainably.

The co-location of clinical services with our OPCs played a critical role in treating underlying health issues

**3.4%**

**Of all interventions or 0.038% of all visits involved EMS.**

such as seizure disorders and cardiac conditions. Many OPC participants became compliant with medication regimens through our clinics. When participant health is stabilized, overdose incidents are less severe and less likely to require emergency services.

Additionally, participants benefit from not having to go to an emergency room (ER) to receive care. When a participant stays in our building from overdose through aftercare, we can support stability. We know that people who use drugs do not always receive culturally competent or compassionate care in ERs, which can be destabilizing. Unfortunately, the participant and the program cannot choose which ER the ambulance takes them to. This increases health and safety risks for participants, is costly, and disrupts routines.

## LESSON LEARNED

Increased expertise among OPC staff reduced the need to call EMS. The co-location of wraparound healthcare services with OPCs is critical to effectively stabilize the health of OPC participants.


A clinical care office at our East Harlem location (Photo by Sarah Duggan).

# ENROLLMENTS

### DATA

The OPCs enrolled 1,759 people in year two, compared to 2,841 in year one.

### FINDINGS

During year two, OnPoint NYC served 11,920 unique participants and enrolled a total of 3,861 individuals across all programs. The 1,759 OPC enrollments in year two represent 46% of the organization's total enrollments. The number of OPC enrollments in year two was less than year one.

### IMPACT

Our OPCs are just one program provided within our Wellness Hubs. The reduction in total enrollments of participants into the OPC from year one to year two demonstrates two things:

First, many of our participants are former substance users and access services unrelated to the OPC. In fact, many of our participants have stopped using because of the care we provide and continue to engage with our services to pursue their goals of stability and wellness. Thus, the OPCs serve a small subset of the organization's wider target population.

Second, there is a finite number of individuals who qualify for OPC services and spend time in the neighborhoods of our Wellness Hubs. We expected OPC enrollments to decrease from year one because of this fact. This finding aligns with existing research showing that most individuals are not willing to travel far distances to use OPCs; OPCs do not directly increase foot traffic in areas of operation.

# UTILIZATIONS

### DATA

Our OPCs were used by 3,156 unique participants in year two. There were 61,184 OPC visits—12,651 more visits than in year one.

### FINDINGS

Compared to the first year of OPC operations, the proportion of participants who visited the OPC daily nearly doubled—3% of participants (or 85 individuals) in year one, compared with 5.6% (or 177 individuals) in year two. In fact, a majority (51%) of OPC participants visited on a regular basis (daily, weekly, or monthly). This indicates that participants are eager to incorporate the OPCs into their lives.

### IMPACT

In 61,184 instances, we prevented a potentially fatal overdose and diverted use away from parks, public transit, and other public spaces.

We increased the overall number of visits and frequency of visits to the OPCs. These are significant successes. When individuals visit the OPC more frequently, it means that they are shifting their use patterns into the safety and privacy of the program; this indicates trust and a desire to seek care. This also indicates that the OPC is able to support participants to build and maintain routine. Routine creates structure and stability on the participant's own terms. The more regularly a participant uses the OPC, the more likely they are to use other services that OnPoint NYC offers.

## HIGHLIGHTS

**11,920**

**Unique OnPoint NYC participants served during year two.**

**1,759**

**New Overdose Prevention Center enrollments in Year 2.**

**46%**

**Of the 3,861 new enrollments across OnPoint NYC services were from OPC enrollments.**

**61,184**

**Total visits to our Overdose Prevention Centers.**

**51%**

**Of OPC participants visited on a daily, weekly, or monthly basis.**

# SUBSTANCES

## DATA

Participants reported using crack in 51.2% of visits, using heroin and/or fentanyl in 44.4% of visits, and using cocaine during 28% of visits. Participants reported speedball use (co-injection of heroin/fentanyl and cocaine) in 22.6% of visits.

## FINDINGS

There were significant differences in substances used between our two sites; the East Harlem OPC had more crack use and the Washington Heights OPC had more heroin/fentanyl and cocaine use. This was true in year one as well.

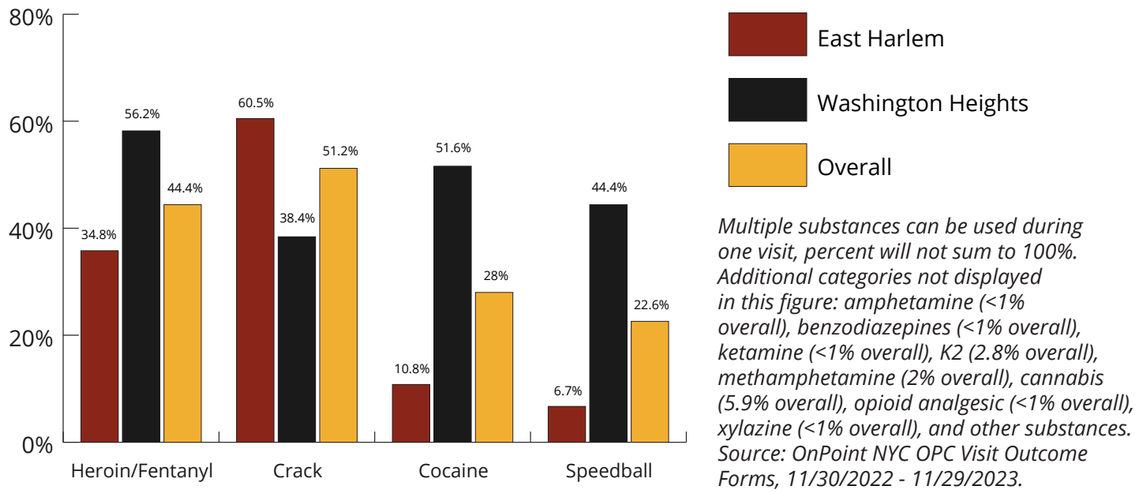
Rates of speedball use increased at both sites from year one to year two. The increase was relatively modest in East Harlem—5% of visits during year one involved a speedball, vs. 6.7% of visits during year two—but in Washington Heights, speedball use increased from 19% of visits in year one to 44.4% in year two.

## IMPACT

The different sites continue to intentionally serve different populations that are local to each neighborhood. Historically, there have been high rates of crack use in East Harlem and high rates of speedball use in Washington Heights. We suspect that the increase in speedball use at both sites is tied to changes in the drug supply, detailed below. As the drug supply and use patterns shifted, our OPCs were uniquely capable of adapting care to meet the changing needs of participants.

### SUBSTANCES USED

Top substances used in OPC visits during year two of OPC operations, overall and by OPC site (N=61,184 visits).




*Multiple substances can be used during one visit, percent will not sum to 100%. Additional categories not displayed in this figure: amphetamine (<1% overall), benzodiazepines (<1% overall), ketamine (<1% overall), K2 (2.8% overall), methamphetamine (2% overall), cannabis (5.9% overall), opioid analgesic (<1% overall), xylazine (<1% overall), and other substances. Source: OnPoint NYC OPC Visit Outcome Forms, 11/30/2022 - 11/29/2023.*


Health education supplies at our East Harlem Drop-in Center (Photo by Sarah Duggan).

# ADAPTING TO A CHANGING AND CONTAMINATED DRUG SUPPLY

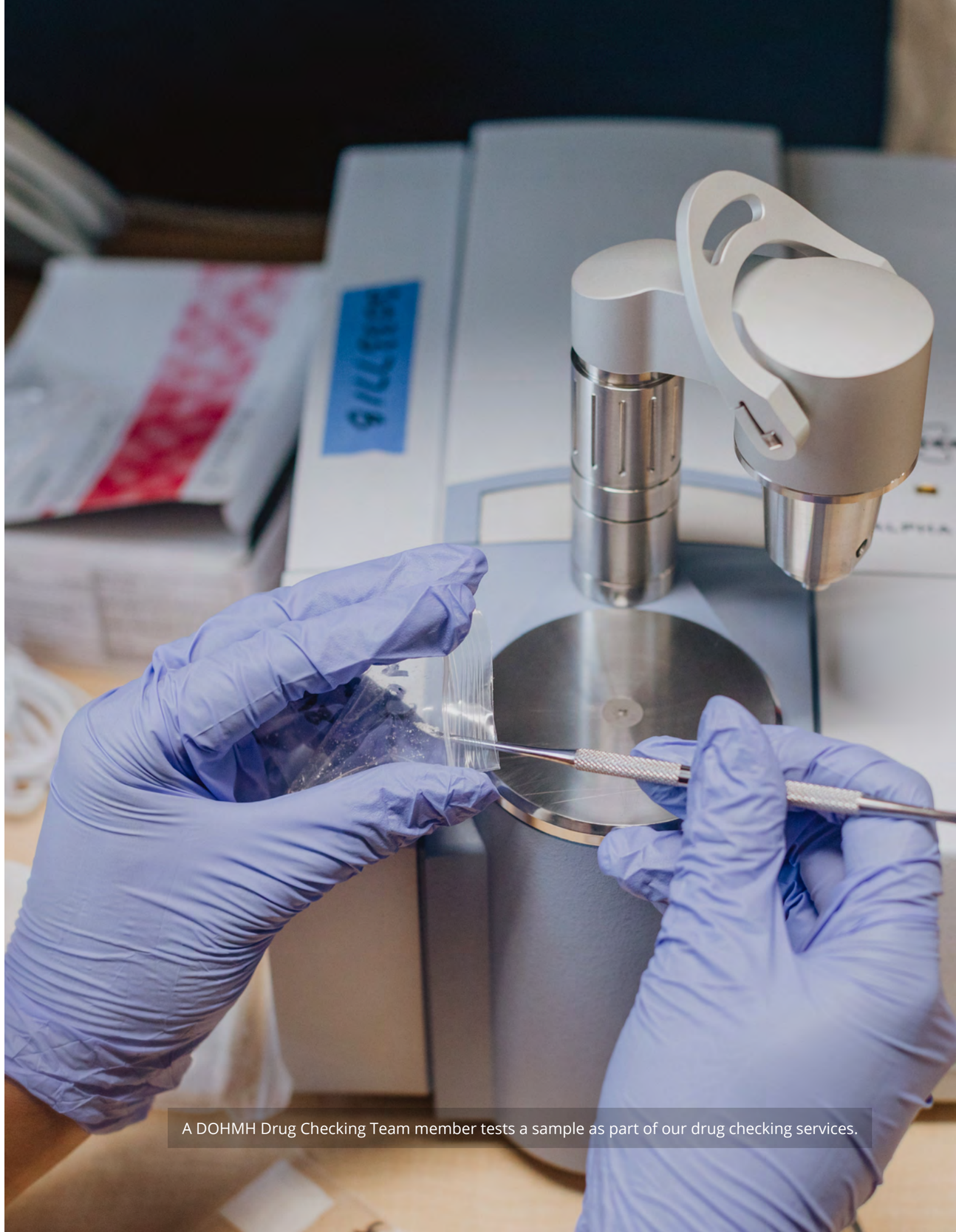
In August 2022, we partnered with New York City Department of Health and Mental Hygiene (DOHMH) to provide Fourier Transform Infrared (FTIR) spectroscopy drug checking services one day a week in East Harlem. We expanded this partnership to Washington Heights in May 2023. At the launch of this service, xylazine was present in heroin/fentanyl samples in both East Harlem and Washington Heights, typically in quantities under 5%. The staff recognized this change in the drug supply immediately in Washington Heights because of the significant increase in sedation witnessed among participants. However, the same impact was not seen in East Harlem.

In consultation with the DOHMH Drug Checking Team, we believe that the introduction of xylazine in the opioid supply caused sedation specifically in street-entrenched participants who are chronically sleep-deprived. In Washington Heights, the majority of participants served are street entrenched. It is not unusual for these individuals to spend multiple days in a row without sleep, which is made possible by stimulant use. If individuals are sleep deprived, a tiny amount of a sedative like xylazine will put the person to sleep.

**Providing a safe place to sleep is particularly important when sedated due to being more vulnerable to robbery, assault, and other harms.**

Significant changes in the drug supply cause significant changes in use. Anecdotally, participants use speedballs more in Washington Heights to counteract the effects of sedatives in the opioid supply.

The Washington Heights OPC had an increase in incidents of individuals falling asleep in the OPC post-use. Transferring sleeping participants with stable vitals out of the Washington Heights OPC and into the drop-in center became a daily occurrence. Providing a safe place to sleep is particularly important when sedated, due to being more vulnerable to robbery, assault, and other harms. This information should further emphasize both the need for OPCs and the unique care that OPCs offer.

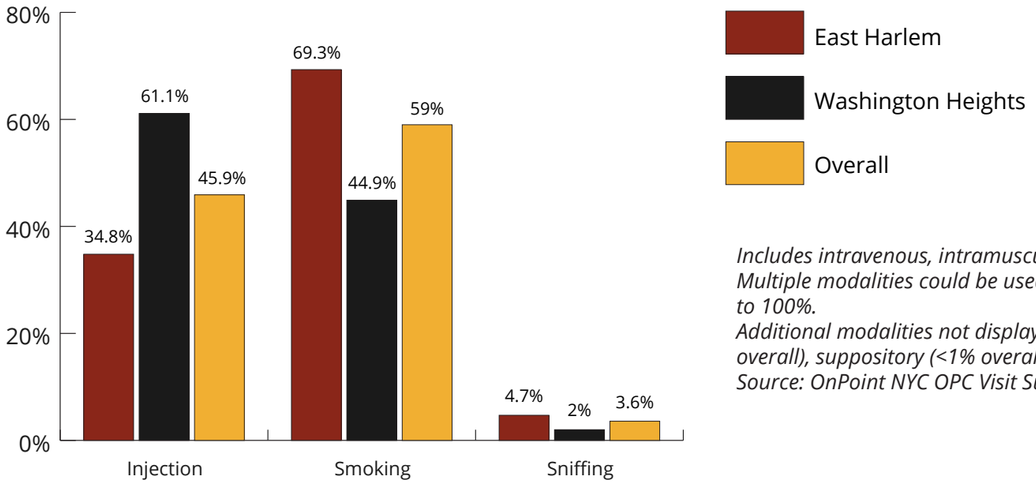


A DOHMH Drug Checking Team member tests a sample as part of our drug checking services.

# MODALITY

## DRUG USE MODALITIES

Top modalities used in OPC visits during year two of OPC operations, overall and by OPC site (N=61,184 visits).




*Includes intravenous, intramuscular and skin popping.*
*Multiple modalities could be used per visit; percent will not sum to 100%.*
*Additional modalities not displayed in this figure: oral (<1% overall), suppository (<1% overall).*
*Source: OnPoint NYC OPC Visit Survey, 11/30/2022–11/29/2023*

### DATA

Injection was the most common modality of use in Washington Heights, with 61.1% of visits involving injection and 44.9% of visits involving smoking. In East Harlem, conversely, smoking was the most common modality of use, with 69.3% of East Harlem visits involving smoking and 34.8% of visits involving injection.

### FINDINGS

These findings are consistent with the different populations of PWUD in each neighborhood. These modality patterns are consistent with year one.

### IMPACT

The physical infrastructure of each OPC was designed to accommodate two different populations. The high volume of smokers in East Harlem led us to design and build a communal smoking room. Alternatively, Washington Heights has less room for smokers due to less demand.

Participants in East Harlem are on average older than their Washington Heights counterparts. In Washington Heights, 27.1% of participants are under 35, and 13.7% are over 55. Conversely, 17.5% of participants in East Harlem are under 35, while 26.1% are over 55 years old. Older participants may be more cautious and favor lower-risk modalities like smoking or sniffing. Sniffing is more than twice as common in East Harlem than in Washington Heights, at 4.7% and 2%, respectively.

A booth at our Overdose Prevention Center in East Harlem (Photo by Sarah Duggan).

# WELLNESS & STABILIZATION

## HIGHLIGHTS

**83%**

**Of participants received wraparound services.**

**1 IN 6**

**Participants received medical treatment.**

**64.5%**

**Of participants received harm reduction and health promotion education.**

**12.2%**

**Of participants received referrals for higher intensity services.**

### DATA

Of the 3,156 participants who used the OPCs during the second year of operation, 83% (2,619 individuals) received wraparound services.

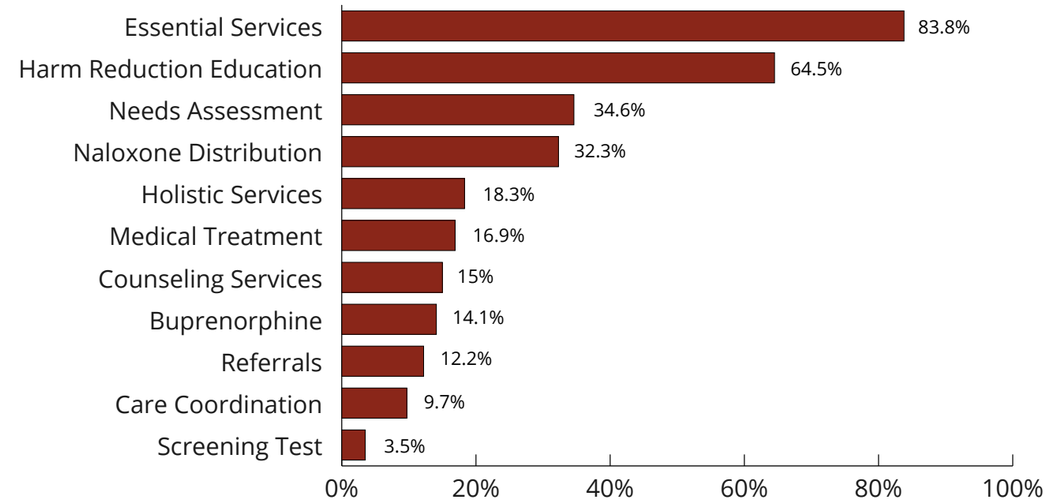
### FINDINGS

Of the 2,619 OPC participants who received wraparound services:

- 83.8% received essential needs or respite services at the drop-in centers, including food, clothing, and access to showers, bathrooms, mail, and laundry facilities.
- 64.5% received harm reduction and health promotion education on topics including safer sex, safer drug use practices, and overdose prevention strategies.
- Over a third (34.6%) had initial or recurring meetings with staff to assess participant needs and encourage retention in services.
- Almost a third (32.3%) received naloxone kits.
- 18.3% received holistic services like acupuncture.
- Over 1 in 6 (16.9%) received medical treatment, including wound care and vaccine administration.
- 15% received group or individual psychological counseling.
- 12.2% received either internal referrals to higher intensity care within the organization or external referrals to services outside the organization.
- 9.7% received care coordination services including scheduling of health care and social service appointments, assistance navigating benefits, and accompaniment to appointments.

### SERVICES RECEIVED

Breakdown of services received by OPC participants who received at least one wraparound service during year two of OPC operations (N=2,619 participants).




*Essential services: includes provision of meals, clothing, showers, bathrooms, mail, laundry, and respite services.*
*Harm reduction education: provision of information to enable participants to improve their health. Topics discussed include safer sex practices, overdose prevention, and safer drug use practices.*
*Needs assessment: initial or recurring meeting(s) with a participant to assess their current needs to encourage retention in services.*
*Naloxone distribution: includes distributing naloxone kits to participants.*
*Holistic services: includes acupressure, acupuncture, yoga, massage, and aroma therapy.*
*Medical treatment: includes wound care, PrEP and PEP prescription, vaccine administration, treatment adherence to medications (except for buprenorphine) counseling. Counseling services: includes group and individual psychological counseling services.*
*Buprenorphine: includes buprenorphine screening, induction, prescription, and treatment adherence counseling.*
*Referrals: includes internal referrals to higher levels of care, as well as connections to care and social services outside the organization.*
*Care coordination: includes navigation assistance for health care or social service system, including scheduling of appointments, benefit navigation, and escort to appointments.*
*Screening test: includes testing for HIV, HCV, HAV, HBV, STIs, and pregnancy.*
*Source: OnPoint NYC Electronic Data Records, 11/30/2022–11/29/2023*

## HIGHLIGHTS

**16.9%**

**Of participants received medical care such as wound treatment, PrEP prescriptions, and vaccine administration.**

**1 IN 7**

**Participants received buprenorphine services.**

**3X**

**Demand for counseling services nearly tripled.**

# WELLNESS & STABILIZATION

### IMPACT

Uptake of wraparound services among OPC participants increased between years one and two. During year one, 74.1% of OPC participants received wraparound services; this climbed to 83% of OPC participants in year two of operations. This represents a 12% increase. By providing an overdose prevention space that is co-located in a building with clinical, holistic, and care coordination services, the OPCs make it easier for participants to access such care.

Among OPC participants who received wraparound services during the second year of OPC operation, 83.8% received essential needs services—a category that includes food, clothing, showers, respite, and other necessities. This high demand reflects the systemic challenges many participants face in getting their essential needs met in their daily lives. By addressing these fundamental needs, our Wellness Hubs provide a safety net that supports participants' well-being and stability.

Participants received highly individualized care in our OPC setting based on a complex understanding of their physical health, mental health, the substances they use, our relationships with them, successful engagement strategies, and their personal goals. These outcomes also align with the finding in existing research that OPCs build feelings of trust and social inclusion among participants, which in turn may make them more likely to take advantage of the services offered.

These data show remarkable success in achieving one of the core purposes of our OPCs, which is to connect individuals to care. The increase in participants accessing wraparound services in year two compared to year one illustrates that the longer individuals engage in OPC services, the more likely they are to engage in other kinds of care. This highlights the OPCs' growing impact and underscores the importance of time: as operation continues, we build trusting relationships, foster feelings of social inclusion, and create deeper connections with participants to make engagement in care more effective.

**Data shows remarkable success in achieving one of the core purposes of OPCs: connecting individuals to care.**

### DATA

Of the 2,619 OPC participants who received wraparound services, we saw advancements in connections to care in several key areas:

- Access to medical treatment increased from 9% to 16.9%, with more participants receiving acute and preventive care such as wound treatment, PrEP prescriptions, and vaccine administration.
- Counseling services nearly tripled—from 5.2% to 15%.
- Buprenorphine services, crucial for treating opioid use disorder, saw the most dramatic increase from year one to year two, expanding from 2% to 14.1%.

### FINDINGS

Nearly 1 in 7 (14.1%) participants received services related to buprenorphine, including buprenorphine education, screening, induction, and treatment adherence counseling. The tripling of counseling services once again points to the outsized effect of OPCs on fostering participant trust and suggests reduction in stigma around seeking help.

### IMPACT

OPCs successfully connected participants to substance use treatment. This illustrates that OPCs are an integral part of a continuum of care, including abstinence.

# COMMUNITY IMPACT

## DATA

Out of 61,184 OPC utilizations and 683 overdose interventions, EMS was called 23 times—0.038% of all visits and 3.4% of all overdose interventions.

## FINDINGS

96.6% of all overdose interventions did not require any EMS response. EMS is called by OPC staff when there is a cardiac event (i.e., cardiac arrest or extended periods of high heart rates), unresolved seizure activity, and stroke. Often these events are tied to underlying or pre-existing health conditions (such as pacemakers, history of stroke, and epilepsy) rather than a direct result of an overdose. We also transfer care to EMS when our program closes in the evening and aftercare is required beyond our operating hours.

## IMPACT

The OPC is continuing to safely and effectively manage overdoses on-site, reducing the financial burden of the overdose epidemic on the city's EMS, local hospitals, and law enforcement. We served more participants and recorded more visits in the second year of OPC operations while requiring a lower rate of EMS intervention: in year one, 3.6% of interventions and 0.047% of visits required EMS activation—in year two, these figures were 3.4% and 0.038%, respectively. Anecdotally, conservative estimates are that every overdose call to 911 costs the City at least $30,000. By responding to 660 overdoses in year two without calling EMS, we saved the city upward of $20 million.

## HIGHLIGHTS

**99.6%**

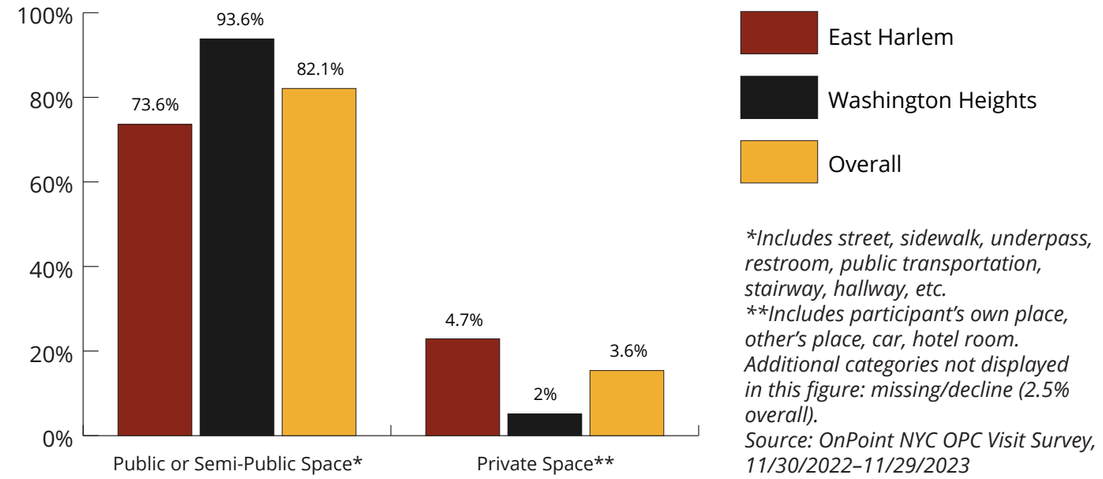
**Of all overdose interventions did not require any EMS response.**

**$20M**

**In savings to taxpayers by responding to overdoses without calling EMS.**

### ALTERNATE LOCATIONS

Locations where participants reported they would have used drugs if not for the OPC during year two of OPC operations, overall and by OPC site (N=61,184 visits)




**Includes street, sidewalk, underpass, restroom, public transportation, stairway, hallway, etc.*
***Includes participant's own place, other's place, car, hotel room. Additional categories not displayed in this figure: missing/decline (2.5% overall).*
*Source: OnPoint NYC OPC Visit Survey, 11/30/2022–11/29/2023*


Sam Rivera (left), our Executive Director, and Pia Marcus, our Director of Overdose Prevention (right), give a tour to commissioners of the Global Commission on Drug Policy, Michel Kazatchkine (center left) and Louise Arbour (center right).

## HIGHLIGHTS

# 50,232

**Instances of drug use were diverted away from public spaces.**

# 82.1%

**Of total OPC visits, participants reported that they would have used in public or semi-public settings if they did not have the option of using the OPC at that time.**

# 19.5%

**Of OPC participants reported being stably housed.**

# COMMUNITY IMPACT

### DATA

Every time a person signs up to use the OPC, staff ask: "If you weren't here right now, where would you be using?" From those answers, we are able to determine that in 50,232 instances, the OPC diverted use from public spaces.

### FINDINGS

In 82.1% of total OPC visits, participants reported that they would have used in public or semi-public settings if they did not have the option of using the OPC at that time. For injection drug use, this number is slightly higher at 83.1% or 23,325 instances diverted from public spaces.

Only 19.5% of OPC participants reported being stably housed. This confirms that our OPCs are predominantly serving some of the city's most vulnerable populations, and highlights the necessity of a safe, appropriate location where people who use drugs can go to prevent overdose and be connected to care.

### IMPACT

Substance use should be done in safe and appropriate settings. It is not safe or dignified for our friends, families, and neighbors to use in public or have to witness use in public. Our year two data continue to prove that OPCs are an incredibly successful solution to this problem. However, two OPCs in New York City are not enough; we need more OPCs to ensure all neighborhoods have safe public spaces for all.

Community members embrace at an event organized by OnPoint NYC staff (Photo by Sarah Duggan).

# COMMUNITY IMPACT

### DATA

The OPCs safely disposed of 498,045 total units of hazardous waste.

**498,045**

**Total units of hazardous waste disposed from the community.**

### FINDINGS

The proliferation of fentanyl in the heroin supply has contributed to an increase in syringe litter and other hazardous waste. Unlike heroin, fentanyl is a short-acting medication. In as little as 3 hours, a person dependent on opioids and using fentanyl could experience withdrawal and need to use again. This is very different from pure heroin, which can last for at least 7 hours. Withdrawal from opioids causes severe physical pain and discomfort. To prevent or treat withdrawal while using fentanyl, people who inject fentanyl must use it multiple times each day, which produces a higher volume of used syringes and other hazardous waste.

### IMPACT

All supplies used in our OPCs are discarded in our OPCs. This had a tremendous impact on diverting hazardous waste from our streets, parks, and public spaces. Most of our OPC participants are local to the neighborhoods in which they use the OPCs. Therefore, our OPCs have a direct impact on the health and safety of the East Harlem and Washington Heights neighborhoods.

**All supplies used in OPCs stay in OPCs. This has a tremendous impact on diverting hazardous waste from our streets, parks, and public spaces. Most of OnPoint NYC's OPC participants are local to the neighborhoods in which they use the OPCs.**

### LESSON LEARNED

Operating OPCs simultaneously with outreach and hazardous waste cleanup services is critical for community safety and support.

An Outreach and Public Safety Team member cleaning hazardous waste from a local neighborhood park in Washington Heights.


## CONTACT US

onpointnyc.org
info@onpointnyc.org
(212) 828-8464

## LOCATIONS

East Harlem
104 -106 E 126th Street
New York, NY 10035

Washington Heights
500 W 180th Street
New York, NY 10033