Overdose Prevention Site Community Engagement Project*: June 2020 Report

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Overdose Prevention Site Community Engagement Project: Introduction

Since 2017, Illinois has implemented several strategies to address the opioid epidemic and reduce fatal and non-fatal opioid overdoses. Opioids are a class of drugs that includes heroin as well as prescription pain relievers such as oxycodone, hydrocodone, morphine, and synthetic fentanyl—medications more commonly known as Vicodin®, Percocet®, and Oxycontin®.[1] These drugs work by binding to the body's opioid receptors in the reward center of the brain, diminishing pain as well as producing feelings of relaxation and euphoria.[2]

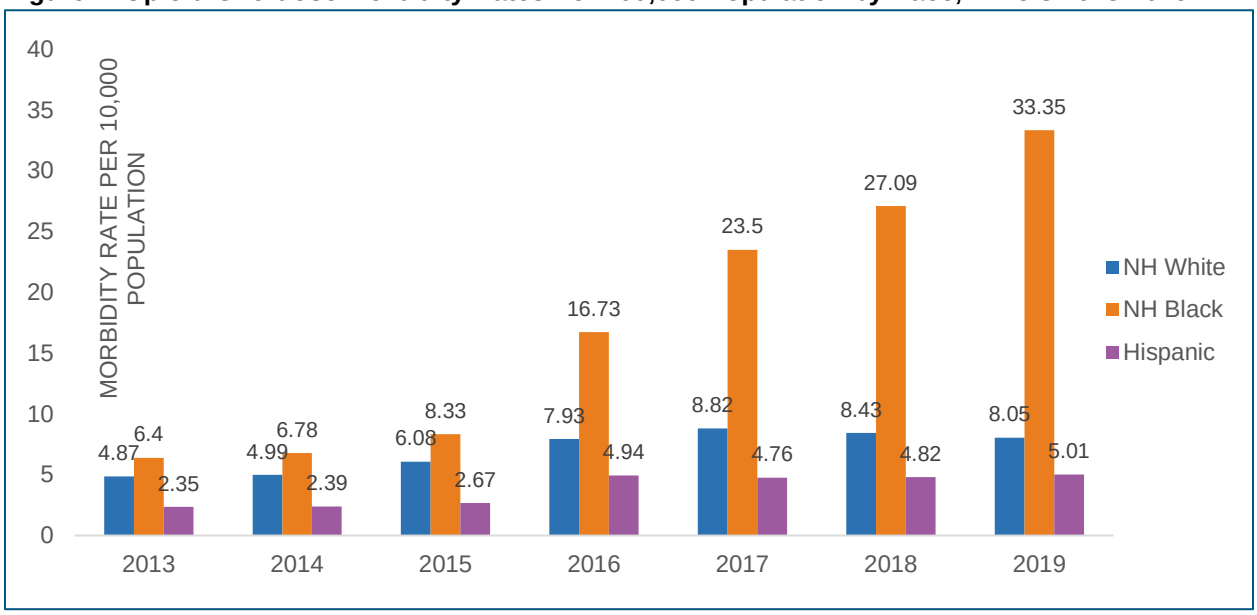
Opioids are addictive. Taking opioids at high doses for extended periods of time increases the risk of developing opioid use disorder (OUD), a chronic disease that can develop with repeated opioid use. Characteristics of OUD include developing physical tolerance (i.e., a need for increasingly higher doses accompanied by a marked decrease in effect), being unable to consistently stop using opioids, and experiencing painful physical withdrawal symptoms when abruptly stopping use. Like other chronic diseases, OUD is cyclical, with people experiencing periods of remission and relapse.[3] ***Years of data show that treatment works and recovery from OUD is possible***. But without treatment, OUD can have devastating effects on people's lives—those with an OUD are at a greater risk of dropping out of school, losing their jobs, becoming homeless, losing custody of their children, and/or getting arrested.[4,5]

***Opioids are deadly*.** Because opioids affect respiratory regulation in the brain, high doses can cause people to stop breathing and die. The risk of fatal overdose greatly increases if people take a stronger dose than usual, have started using again after a period of time when they have stopped using, or if they combine opioids with other drugs.[6] In 2018, 90% of opioid overdose deaths in Chicago involved fentanyl and another opioid.[7] Naloxone is as an opioid antagonist medication that can quickly restore breathing, brain function, and save the life of a person experiencing an overdose. Across the country, naloxone is widely used by emergency medical personnel to reverse overdoses. Naloxone programs train people—family members and friends of people with OUD, people with OUD, and other individuals—how to identify signs of an opioid overdose and use naloxone to reverse the overdose. Studies show that communities with naloxone programs have significantly reduced their number of opioid overdose deaths.[8] However, many people use opioids alone and/or in situations where people may be reluctant to call for help if an overdose occurs. Increasing access to naloxone to people who use and those who know people who use is critical to saving lives.

Racial Disparities in Fatal and Non-Fatal Opioid Overdoses

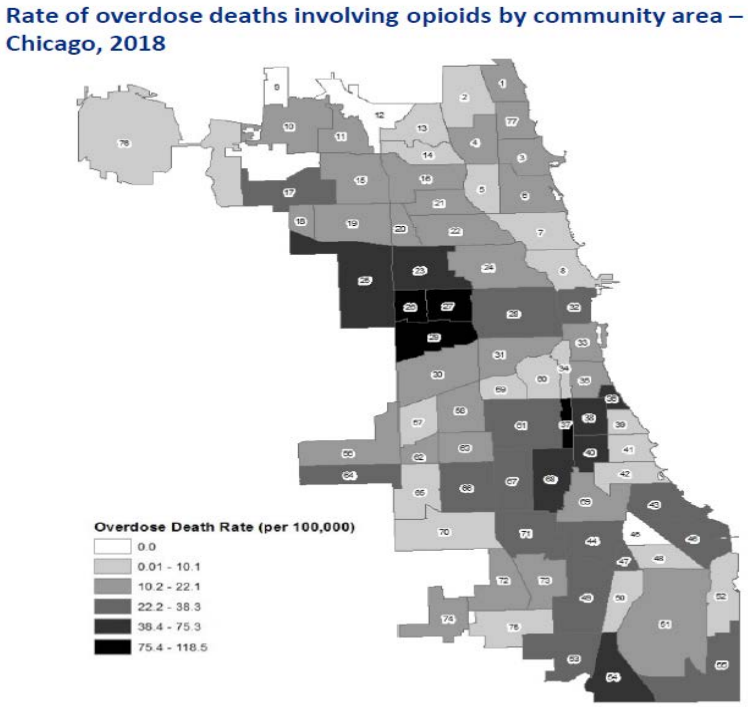
Illinois Department of Public Health (IDPH) 2018 data show a 1.6% decrease in opioid overdose deaths statewide from 2017 to 2018— the first decrease in deaths in five years. However, racial disparities in overdose deaths continue to persist with non-Hispanic Black individuals dying at more than two times the rate of non-Hispanic White individuals. Similar racial disparities exist for non-fatal opioid overdoses. As shown below in Figure 1, the rate of non-fatal opioid overdoses for non-Hispanic Blacks individuals is more than six times higher than that of non-Hispanic White individuals, and four times higher than that of Hispanic individuals.

Figure 1. Opioid Overdose Morbidity Rates Per 100,000 Population by Race, Illinois 2013-2019[9]



We see similar trends in racial disparities in overdose deaths in Chicago. From 2017 to 2018, while the rate of opioid overdose deaths decreased among non-Hispanic Whites and people in low or medium economic hardship communities, the rate of overdose deaths ***increased*** among non-Hispanic Blacks, Hispanic/Latinx individuals, and people in high economic hardship communities.[10] Austin and North Lawndale were two of the communities with the highest number of overdose deaths in 2018. The majority of these deaths involved heroin and/or fentanyl, and not prescription opioids.[11]

Figure 2. Rate of Opioid Overdose Deaths in Chicago, 2018[12]



IDPH data show that there were a total of 2,408 fatal and non-fatal opioid overdoses on the West Side in 2018, and a total of 2,568 fatal and non-fatal opioid overdoses in 2019.[13] Chicago Department of Public Health (CDPH) data show an increase in opioid-related Emergency Medical Services (EMS) responses from January 2020-April 2020 compared to January 2019-April 2019. The greatest number of these 2020 EMS responses occurred on the West Side.[14]

Taken together, these data show that the West Side has one of the highest fatal and non-fatal opioid overdose rates in Illinois and in the city of Chicago. There also is a distinct shortage of opioid treatment

and naloxone programs in these economic hardship communities. The West Side needs, and could potentially benefit from, initiatives that directly address opioid misuse—particularly heroin use—and treatment gaps.

Reducing Racial Disparities and Saving Lives: Overdose Prevention Sites

Governor Pritzker's Executive Order (EO) 2020-02, "Strengthening the State's Commitment to Ending the Opioid Epidemic" recognizes that racial and ethnic minority communities in Illinois have been disproportionately impacted by the opioid crisis. The EO also states that targeted efforts are needed to address these disparities and identifies harm reduction strategies as potential initiatives that can encourage safer use of opioids and reduce overdose deaths.

Overdose prevention sites (OPS)—also known as safe consumption sites—are legally sanctioned health service facilities that allow people to use pre-obtained drugs under the supervision of trained staff, such as nurses. OPS are designed to promote the safety of people who use drugs and the general public. They give people a safe, clean place to use their drugs and staff who can step in immediately and administer naloxone if an overdose happens. OPS also provide opportunities to educate people about OUD and recovery as well as connect them to treatment and other services they may need, such as medical care and housing.

OPS save lives. Studies show that OPS reduce fatal and non-fatal overdoses, improve public safety, decrease the workload of EMS responders, and reduce the risk of infectious diseases such as HIV and Hepatitis C.[15] OPS do not encourage drug use; on the contrary, data document increases in use of detoxification and substance use treatment services among people who use OPS.[16] Numerous analyses of local crime statistics have consistently shown no increases in crime or drug trafficking in the vicinty of OPS. Rather, studies show positive public safety outcomes, including reduced public drug use, loitering and aggressive behaviors, and fewer dirty needles in parks, streets, and other public places.[17]

The OPS Community Engagment project meets EO objectives by engaging West Side community members in discussions about OPS. Led by the West Side Heroin/Opioid Task Force and funded by the Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR), OPS Community Engagement project activities focus on reaching out to West Side residents, business owners, faith leaders, healthcare and social service providers, law enforcement, elected officials, people in recovery and those who are actively using opioids, and educating them about OPS, obtaining their input on concerns related to OPS, and promoting community buy-in. Project activities include:

- Convening a local expert panel to guide the project.
- Collecting survey data on community members' opinions about the benefits and concerns related to OPS.
- Conducting focus groups to obtain community members' input on OPS.
- Creating educational materials for community members and law enforcement.
- Convening open house events where community members can learn about OPS via videos and "tour" a pop-up OPS.

The West Side Heroin/Opioid Task Force contracted Dr. Sue Pickett and her team at Advocates for Human Potential, Inc., (AHP) to evaluate the OPS Community Engagement project and create the community education materials.

This report summarizes project activities conducted from March-June 2020. It should be noted that the initial planning for project activities took place in early March, prior to the COVID-19 pandemic. As a result of COVID-19 and social distancing requirements implemented to protect the health and safety of Illinoisans, activities that had been planned to take place in-person, such as local expert panel meetings, focus group sessions, and open house events, were either re-designed to take place virtually or put on hold.

Local Expert Panel

We invited 23 individuals who live and/or work on the West Side to serve on the local expert panel. This group included representatives from West Side substance use treatment, harm reduction, healthcare and social service organizations, state and local government representatives, business and faith leaders, people who use illicit drugs (PWUD), law enforcement, and representatives from IDHS/SUPR, IDPH, and CDPH. Two virtual meetings were convened in April 2020; 15 local panel members attended each meeting. During these meetings, expert panel members reviewed and provided feedback on community education materials, the community engagment survey, and the focus group protocol. As described below, local expert panel members disseminated information about the community engagement survey, distributed education materials, recruited focus group participants, and co-led focus groups. Local expert panel members also participated in the June 2020 West Side Heroin/Opioid Task Force meeting and provided feedback on preliminary project results and next steps.

Community Engagement Survey

Survey Methods

The OPS Community Engagment Survey assesses West Side community members' opinions about the potential benefits an OPS could provide for the West Side and their concerns about having an OPS in their community. The survey also asks for feedback on strategies to address community members' OPS-related concerns. Survey items include questions on OPS benefits and concerns from the "Survey on Supervised Injection Services in Toronto" created and conducted by MASS LBP for the city of Toronto. Additional items were developed by AHP, the West Side Heroin/Opioid Task Force, IDHS/SUPR and the project's local expert panel. The survey was reviewed and approved by AHP's Institutional Review Board (IRB).

The survey is available in both online/web-based and paper formats. To invite people to complete the online version of the survey, we asked the West Side Heroin/Opioid Task Force and local expert panel members to send a survey recruitment email to their respective email distribution lists. The survey recruitment email described the survey, included a link to the survey, informed receipients that participation was voluntary and anonymous, and encouraged them to share the email with friends, family members, co-workers and other West Side community members. Paper surveys were distributed by Prevention Partnership and the Chicago Recovery Alliance (CRA). Individuals who completed paper surveys were told that their participation was volunatry and anonymous. Completed paper survesy were placed in sealed envelopes to further protect confidentiality and hand-delivered to AHP.

The survey was hosted on AHP's REDCap survey platform. REDCap is a secure web-based application; only AHP project staff working on the OPS Community Engagement project have access to survey data. Online surveys are immediately stored upon completion in the REDCap database. AHP researchers manually entered paper surveys into the REDCap database. Online and paper surveys were distributed and collected in April and May 2020.

Survey Participants

A total of 414 people completed a survey. More than half (57%, n=237) of survey participants completed a paper survey.

Participants' demographic characteristics are listed below in Table 1. Half of the survey participants were male (50%), 48% were female, and the remainder were transgender or did not identify as male, female, or transgender. Survey participants ranged in age from 17 to 101 years, with an average age of 51 years. Approximately two-thirds of participants (64%, n=266) were Black; 17% (n=70) were White and 8% (n=34) were Latinx.

Survey participants were asked to identify their relationship with the West Side. Slightly more than half (55%, n=226) reported that they are West Side residents (i.e., live on the West Side). Thirty-eight percent (n=156) work on the West Side. More than a third of respondents have family (32%, n=132) and friends (37%, n=154) that live on the West. An estimated 40% (n=164) reported that they are a person who uses illicit drugs (PWUD) (Note: See the section below for more information on PWUD survey participants).

Table 1. Survey Participant Demographic Characteristics

Demographic Characteristics	N (%)
Gender	
Male	193 (50%)
Female	185 (48%)
Transgender	3 (1%)
Do not identify as male, female, or transgender	2 (1%)
Age	
17-35 years	69 (19%)
36-50 years	96 (26%)
51-65 years	158 (42%)
66-101 years	48 (13%)
Race/Ethnicity	
Black/African American	266 (64%)
Latinx	34 (8%)
White	70 (17%)
Asian	10 (2%)
American Indian/Alaskan Native	4 (1%)
Middle Eastern/North African	2 (1%)
Prefer not to identify myself	4 (1%)
No response given	24 (6%)
Relationship to the West Side*	
Resident	226 (55%)
Business owner	21 (5%)
Work on the West Side	157 (38%)
Person who uses drugs	164 (40%)
Family lives on the West Side	132 (32%)
Friends live on the West Side	154 (37%)
Attend church on the West Side	76 (18%)
Attend school on the West Side	12 (3%)
Children attend school on the West Side	35 (8%)
Use health care services on the West Side	113 (27%)
Use mental health and/or substance use treatment services on the West Side	30 (7%)
Use housing/shelter services on the West Side	38 (9%)
Use social/community services on the West Side	47 (11%)
Other	19 (5%)

Demographic Characteristics	N (%)
West Side Community**	
Austin	86 (30%)
West Garfield Park	52 (18%)
East Garfield Park	47 (17%)
Lawndale	29 (10%)
Humboldt Park	39 (14%)
Lower West Side	29 (10%)

*Participants could select more than one relationship to the West Side, therefore percentages exceed 100. **N=282.

In order to identify the West Side communities that survey participants represent, we asked survey participants to list the zip code of their primary residence and/or employer. A total of 382 survey participants listed a residential and/or work zip code. Of this group, 282 (74%) live and/or work in a West Side community, 29 (7%) live and/or work in a Chicago neighborhood that borders the West Side (Belmont-Cragin, Logan Square) and 19 (5%) live and/or work in a suburb that borders the West Side (Oak Park, Berwyn, Cicero). Fourteen percent (n=52) listed residential and/or work zip codes in other parts of Chicago (e.g., North or South Side) or suburbs far from the West Side (e.g., Evanston). Of the 282 survey participants who live and/or work on the West Side, 30% (n=86) are from Austin, 18% (n=52) are from West Garfield Park, 17% (n=47) are from East Garfield Park, 14% (n=39) are from Humboldt Park, 10% (n=29) are from Lawndale and another 10% (n=29) are from the Lower West Side.

PWUD Survey Participants

We worked with Prevention Partnership and CRA to reach out to and recruit PWUD to complete a survey. An estimated 164 PWUD completed a survey. Since the survey does not specifically ask participants to identify whether they use illicit drugs, this is an estimated count based on the number of surveys we received from these organizations. The demographic characteristics of PWUD are listed below in Table 2. The majority of survey respondents who are PWUD are male (59%, n=96) and Black (79%, n=130). These survey participants range in age from 17-78 years, with an average age of 52 years. Sixty-nine percent (n=130) reported that they live on the West Side. Nearly all of the survey participants who are PWUD listed a residential and/or work zip code (n=161). Of these participants, 61% (n=99) live and/or work on the West Side, 4% (n=7) live and/or work in a Chicago neighborhood that borders the West Side, and 8% (n=13) live and/or work in a suburb that borders the West Side. Twenty-six percent (n=42) of the survey participants who are PWUD listed residential and/or work zip codes in other parts of the city or northern or southern suburbs. Of the 99 survey participants who are PWUD who live and/or work on the West Side, most (42%, n=42) are from Austin.

Table 2. Demographic Characteristics of Survey Participants Who are PWUD

Demographic Characteristics	N (%)
Gender	
Male	96 (59%)
Female	64 (40%)
Do not identify as male, female, or transgender	1 (1%)
Age	
17-35 years	18 (11%)
36-50 years	50 (26%)
51-65 years	76 (48%)
66-78 years	15 (9%)

Demographic Characteristics	N (%)
Race/Ethnicity*	
Black/African American	130 (79%)
Latinx	13 (8%)
White	19 (12%)
American Indian/Alaskan Native	1 (1%)
Middle Eastern/North African	1 (1%)
Relationship to the West Side*	
Resident	113 (69%)
Business owner	8 (5%)
Work on the West Side	26 (16%)
Family lives on the West Side	64 (41%)
Friends live on the West Side	71 (43%)
Attend church on the West Side	32 (20%)
Attend school on the West Side	7 (4%)
Children attend school on the West Side	21 (13%)
Use health care services on the West Side	64 (39%)
Use mental health and/or substance use treatment services on the West Side	23 (14%)
Use housing/shelter services on the West Side	25 (15%)
Use social/community services on the West Side	22 (13%)
Other	2 (1%)
West Side Community**	
Austin	42 (42%)
West Garfield Park	24 (24%)
East Garfield Park	12 (12%)
Lawndale	3 (3%)
Humboldt Park	12 (12%)
Lower West Side	6 (6%)

*Participants could select more than one race/ethnicity and relationship to the West Side, therefore percentages exceed 100.
**N=99.

OPS Benefits

The first set of survey questions assesses participants' perspectives on the potential benefits of an OPS for the West Side. The majority of survey participants (86%, n=323) indicated that an OPS would be beneficial for the West Side.

We asked participants to tell us, in their own words, why they think an OPS would be beneficial for the West Side. A total of 272 survey participants wrote in responses to this question. We used an iterative joint coding process to review and categorize responses. Most of these of responses (42%, n=115) noted that an OPS would reduce opioid overdoses and save lives. Nearly a third (29%, n=80) stated that an OPS would address drug problems on the West Side. Sixteen percent (n=43) stated that an OPS would bring needed drug treatment and recovery support resources to the West Side. Twenty-nine percent (n=43) wrote that an OPS would provide drug treatment, recovery support, and other resources to PWUD.

"People are dying every day. An OPS would keep people safe, have clean supplies, and hopefully give them information and support on how to get treatment."

"There are so many drug users on the West Side. This will save lives."

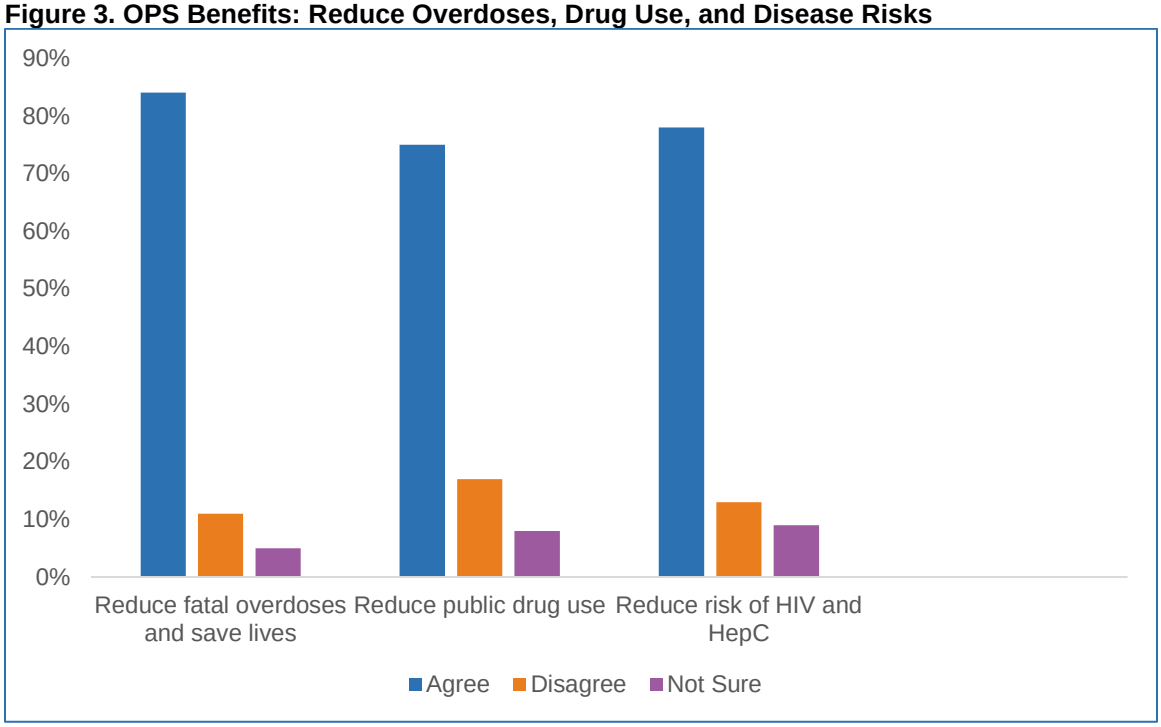
"We need a place that lets struggling members of our community know that we still care about them and want to help them."

"It will get me off the streets when I'm high and someone will be looking out for me in case I overdose."

The survey includes a list of benefits that research shows an OPS can provide to a community, such as reducing overdose and decreasing public drug use. We asked survey participants to rate the extent to which they agreed or disagreed that an OPS could provide each benefit for the West Side along a four-point scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). In each of the charts below, "strongly disagree" and "disagree" responses were combined together to create one "disagree" category. Similarly, we combined the "strongly agree" and "agree" responses to create one "agree" category.

As shown in Figure 3, 84% (n=308) of participants agreed that an OPS would reduce fatal opioid overdoses on the West Side and save lives. Seventy-five percent (n=275) indicated that an OPS would reduce the number of people using drugs in public and 78% (n=286) agreed that an OPS would reduce the risk of infectious diseases, such as HIV/AIDS and Hepatitis C.

Figure 3. OPS Benefits: Reduce Overdoses, Drug Use, and Disease Risks



The majority of survey participants agreed that an OPS would improve public safety (see Figure 4). Eighty-three percent (n=302) of participants felt that an OPS would reduce the number of dirty and used needles thrown out in the streets, parks, and other public places. While most of the survey participants agreed that an OPS would make West Side neighborhoods safer and help keep people who use drugs from loitering in front of stores, schools, and other places, close to a quarter of participants did not perceive these to be potential OPS benefits. Eighteen percent (n=66) of survey participants disagreed that an OPS would make their West Side neighborhoods safer and 23% (n=86) did not agree that an OPS would reduce loitering.

Figure 4. OPS Benefits: Improved Public Safety

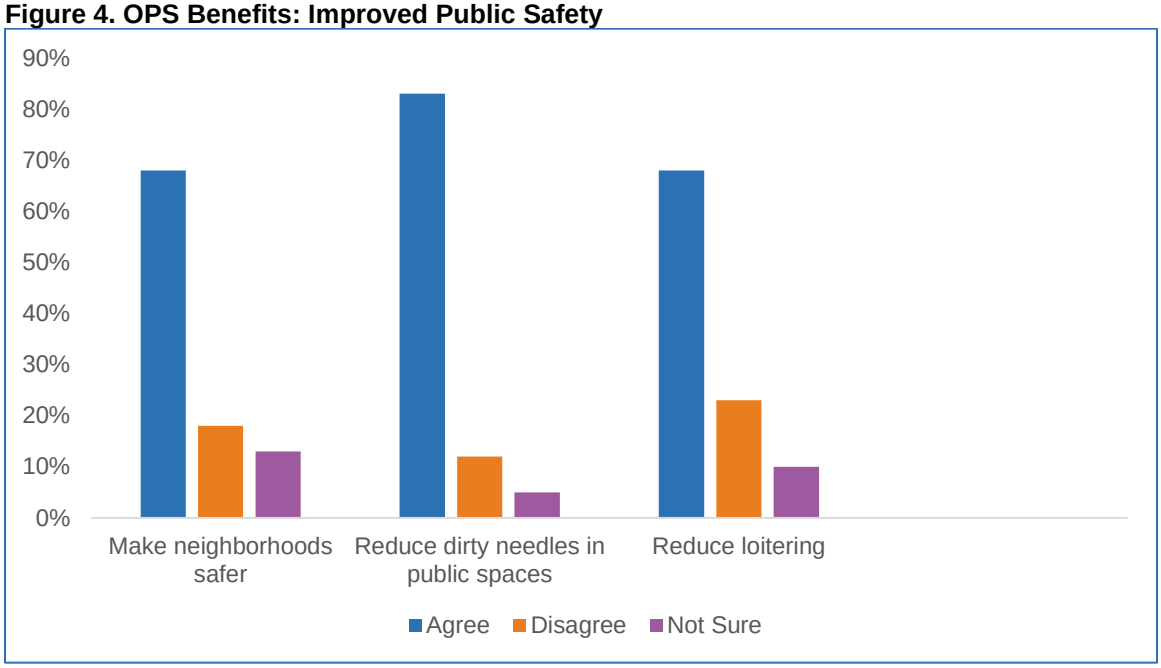
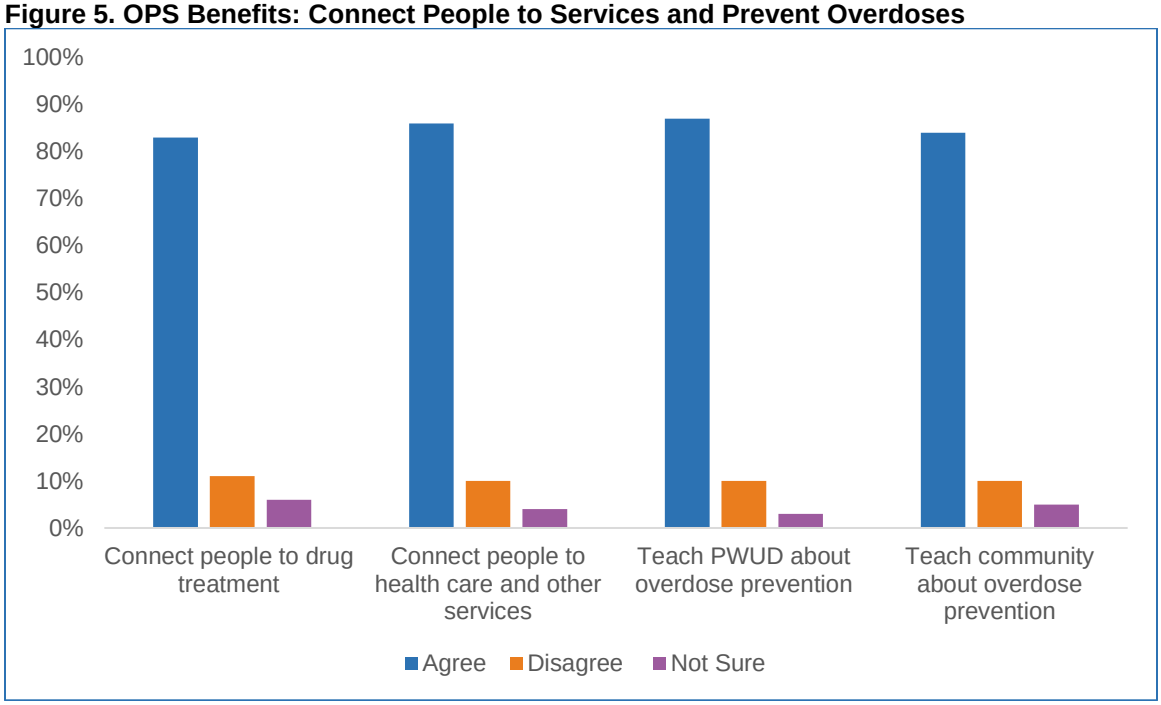


Figure 5 shows that over 80% of survey participants agreed that an OPS would connect people who use the OPS to drug treatment (83%, n=302), health care, and other recovery support services (86%, n=313). Survey participants recognized that an OPS could potentially prevent overdoses by teaching people who use drugs about opioids and what to do if they experience an overdose (87%, n=319). They also agreed that an OPS could teach community members about opioids and how to reverse an overdose (84%, n=310).

Figure 5. OPS Benefits: Connect People to Services and Prevent Overdoses



OPS Concerns

The next set of survey questions assesses participants' fears and concerns about having an OPS on the West Side. Seventy-seven participants (22%) reported that they had fears and/or concerns about having an OPS on the West Side.

Similar to OPS benefits, we asked survey respondents to tell us, in their words, why they had fears and/or concerns about having an OPS on the West Side. A total of 68 survey participants answered this question. We used an iterative joint coding process to review and categorize responses. Twenty-one percent (n=14) stated that an OPS would bring more PWUD into their communities. Eighteen percent (n=12) told us that an OPS would increase crime in their neighborhood, including gang activity, and would make them feel less safe. Twelve percent (n=8) expressed concerns that an OPS would encourage people to use drugs. Several participants (9%, n=6) reported concerns about where the OPS would be located and wondered why the West Side was being considered for a site.

"Crime will increase. It will bring more gangs to the neighborhood."

"There will be a lot of people who use hanging around. I won't feel safe."

"They will still do what they do to get drugs. This will be bad for our community."

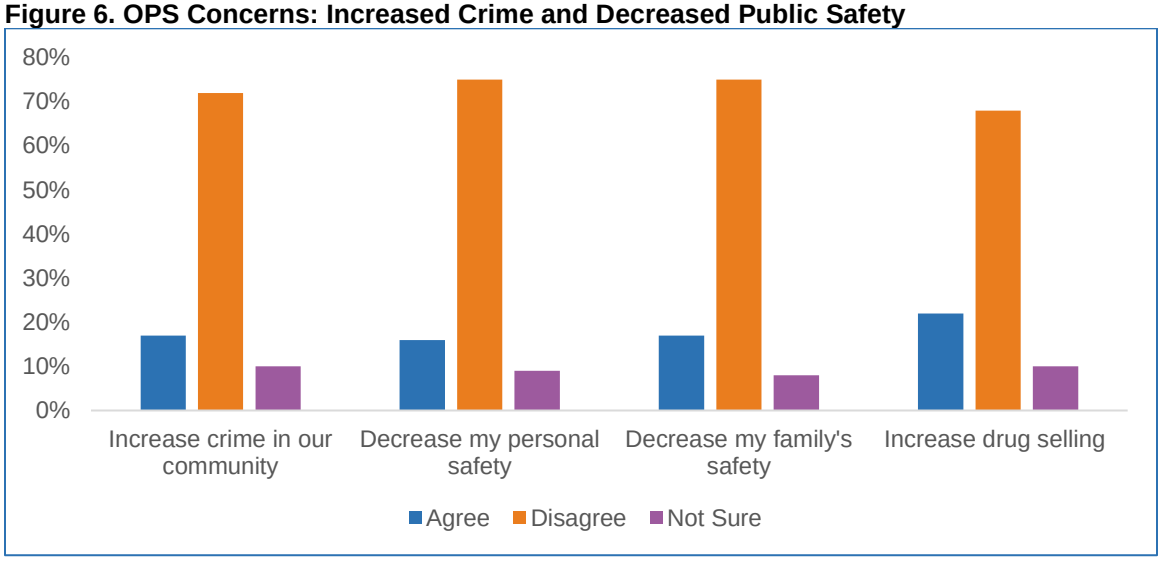
"An OPS will bring a lot of outside people who use into our neighborhood."

"Why put an OPS on the West Side? Send it to the White neighborhoods."

The survey includes a list of concerns that research shows people may have about having an OPS in their community. We asked survey participants to rate the extent to which they agreed or disagreed with each concern along a four-point scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). In the charts below, we created a single "disagree" category by combining strongly disagree and disagree responses and created a single "agree" category by combining strongly agree and agree responses.

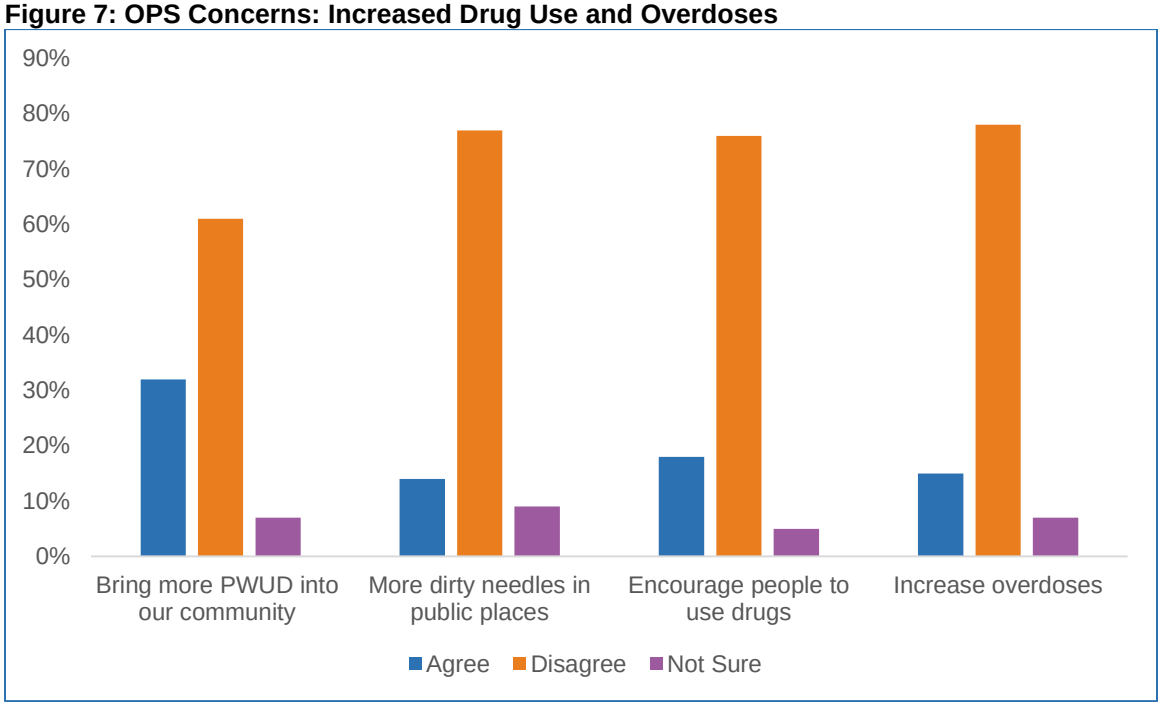
Figure 6 below shows that more than 70% of survey participants do not believe that an OPS will increase crime on the West Side or decrease their personal or their families' safety. However, it is important to note that nearly a quarter of participants (22%, n=79) indicated that an OPS will increase drug selling in their West Side communities.

Figure 6. OPS Concerns: Increased Crime and Decreased Public Safety



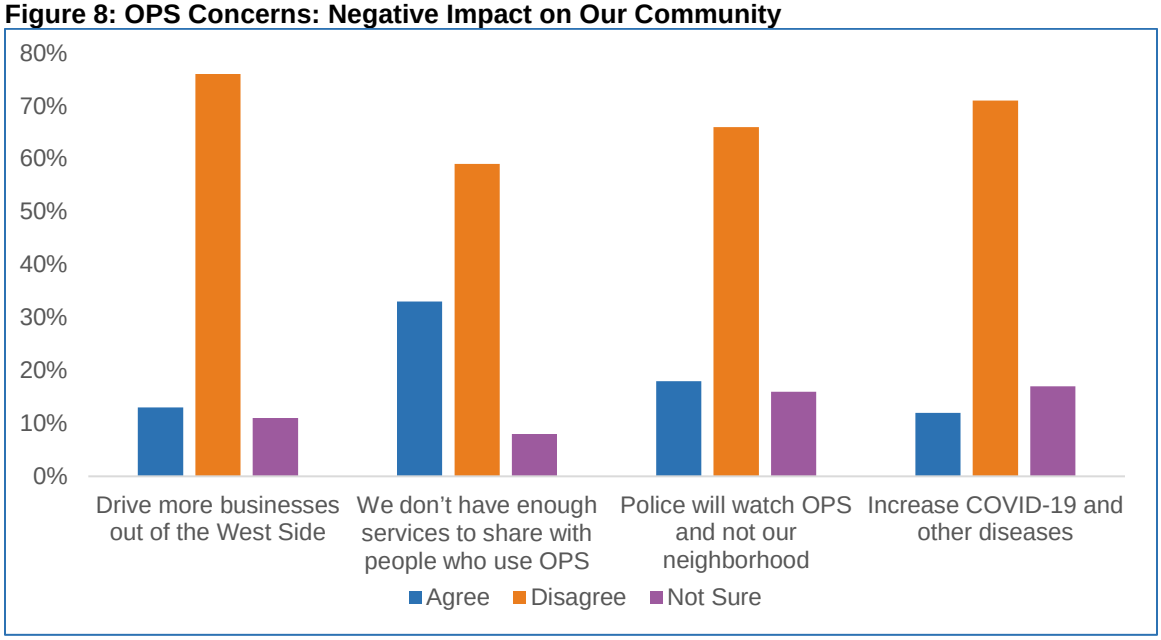
Similarly, while most participants did not believe that an OPS would increase drug use, nearly a third of survey participants (32%, n=113) reported that an OPS would bring more people who use drugs to the West Side. Nineteen percent (n=66) felt that an OPS would encourage people to use drugs.

Figure 7: OPS Concerns: Increased Drug Use and Overdoses



In regard to the impact on the community, as shown in Figure 8, 33% of survey participants (n=119) agreed that the West Side does not have enough health care, housing, or other support services to share with people who would use an OPS.

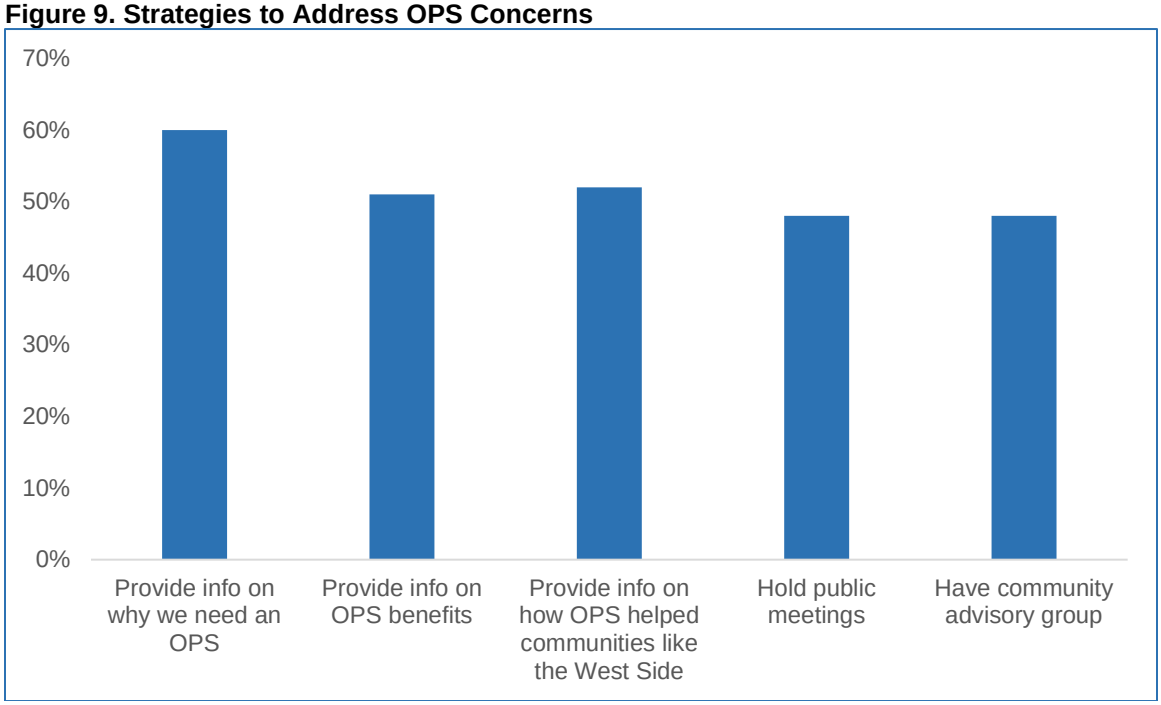
Figure 8: OPS Concerns: Negative Impact on Our Community



Addressing OPS Concerns

The last set of survey items asks participants about how we might address their fears and concerns about having an OPS on the West Side. As illustrated in Figure 9, 60% of survey participants (n=248) recommended that we provide information on why an OPS is needed on the West Side to community members. Fifty-two percent (n=215) suggested that we provide information on how OPS have helped communities that are similar to the West Side. Slightly more than half (51%, n=213) recommended that the project provide information to the community on OPS benefits.

Figure 9. Strategies to Address OPS Concerns



OPS Benefits and Concerns by Stakeholder Group

Addressing the racial and social inequities of the opioid crisis is central to the Executive Order. We know that the West Side has experienced—and continues to experience—a long history of these inequities and economic hardships. To that end, we conducted a series of zero-order correlation analyses exploring whether there are differences among stakeholder groups' endorsement of OPS benefits and concerns. Our results, shown in the tables below, suggest that there are significant differences in perceptions/endorsement by race, age, gender, and neighborhood. Note: In the tables below, a negative correlation (i.e., result) indicates disagreement with the benefit or concern listed and a positive correlation (i.e., result) indicates agree with the benefit or concern listed.

In regard to benefits, as shown in Table 3, zero-order correlation results show that Black survey participants were significantly more likely to disagree that an OPS would provide benefits to the West Side: they did not agree that an OPS would reduce the number of people using drugs in public places, reduce the risk of infectious diseases, improve public safety, connect PWUD to drug treatment and other services, or teach PWUD and community members about opioids and overdose prevention. White survey participants, however, agreed that an OPS would provide each of these benefits to the West Side. Survey participants who live and/or work in East Garfield were more likely than participants who live and/or work in other West Side neighborhoods that an OPS would be beneficial to the West Side.

Table 3. Correlations between OPS Benefits and Stakeholder Groups

OPS Benefits	Black	White	Age	Gender[1]	West Garfield Park	East Garfield Park
Reduce drug overdose deaths and save lives	-.09	.17***	-.04	.10*	-.09	.18***
Reduce the number of people using drugs in public places	-.16**	.14**	-.04	.06	-.12	.13*
Reduce risk of HIV/AIDS, Hap and other infectious diseases	-.17**	.17**	-.04	-.09	-.08	. 16**
Make our neighborhoods safer	-.15**	.16**	-.03	.01	-.13*	. 15**
Reduce number of dirty needles in public places	-.19***	.19***	-.04	.04	-.09	.20***
Reduce PWUD loitering	-.09	.12*	-.02	.01	-.10	.09
Connect PWUD to drug treatment	-.22***	.20***	-.04	.02	-.08	.19***
Connect PWUD to healthcare and other services	-.18***	.20***	-.03	.03	-.07	.16**
Teach PWUD about opioids and what to do if they overdose	-.23***	.23***	.-03	.06	-.11*	.20***
Teach West Side residents about opioids and what to do if someone overdoses	-.18***	.18***	-.02	.06	-.06	.14**

*p≤.05, **p≤.01, ***p≤.001. [1]Coded as 1=male, 2=female.

We also examined differences by race and relationship to the West Side. As shown in Table 5, survey participants who are Black residents of the West Side (n=191) were significantly more likely to disagree that an OPS would connect PWUD to treatment or teach PWUD about opioids and overdose prevention than other West Side residents. White survey participants who work on the West Side (n=45) were more likely to agree that an OPS will provide several benefits to the West Side, including reducing opioid overdose deaths, reducing infectious disease risk, improving public safety, connecting PWUD to care and teaching PWUD and community members about opioids and overdose prevention. Interestingly, no significant relationships emerged between drug use status (i.e., being a PWUD) and OPS benefits.

Table 5. Correlations between OPS Benefits, Resident Status, Race, and PWUD Status

OPS Benefits	Black- West Side Resident	White- Work on the West Side	PWUD
Reduce drug overdose deaths and save lives	-.06	.13*	-.09
Reduce the number of people using drugs in public places	-.09	.10	-.10
Reduce risk of HIV/AIDS, HepC, and other infectious diseases	-.05	.17**	-.01
Make our neighborhoods safer	-.05	.12*	.01
Reduce number of dirty needles in public places	-.06	.15**	-.04
Reduce PWUD loitering	-.02	.06	.00
Connect PWUD to drug treatment	-.15**	.17***	-.10
Connect PWUD to healthcare and other services	-.11*	.19***	-.05
Teach PWUD about opioids and what to do if they overdose	-.15*	.19***	-.08

OPS Benefits	Black- West Side Resident	White- Work on the West Side	PWUD
Teach West Side residents about opioids and what to do if someone overdoses	-.06	.15**	-.10

*p ≤ .05, **p ≤ 01, ***p ≤ .001

We see similar differences among stakeholder groups' concerns about having an OPS on the West Side. Black survey participants were significantly more likely than those of other racial groups to endorse each of the concerns listed in Table 6: they are more likely to agree that an OPS will increase crime in their community, decrease their personal and family's safety, increase drug selling, bring more PWUD to the West Side, increase the number of dirty needs in public places, encourage drug use and increase opioid overdoses and the spread of infectious diseases. They also were more likely to agree that an OPS will have a negative impact on the community: an OPS will drive more businesses out of the West Side, strain already-limited healthcare resources, and draw away police attention to crime in the community. White survey participants were more likely to disagree with each of these concerns. Older survey participants were more likely than younger participants to agree that an OPS will decrease their personal safety and increase the number of dirty needles in public place. Men were more likely than women to agree that an OPS will increase crime and drug selling in their community, bring more PWUD into their community, and causes businesses to leave the West Side. Men also were more likely to agree that the West Side has limited healthcare resources that cannot be shared with OPS clients, and that the police would watch the OPS rather than dealing with crimes in the neighborhood. Survey participants who live and work in West Garfield Park were more likely than participants who live and work in other West Side communities to agree that an OPS will increase crime, decrease their personal and family's safety, increase the number of dirty needles in public places, and increase opioid overdoses. West Garfield Park survey participants also agreed that an OPS will strain the West Side's healthcare resources. Finally, survey participants who live and/or work in East Garfield Park disagreed with each of the concerns listed in Table 6.

Table 6. Correlations between OPS Concerns and Stakeholder Group

OPS Concerns	Black	White	Age	Gender[1]	West Garfield Park	East Garfield Park
Increase crime	.17**	-.21***	.10	-.14*	.13*	-.23***
Decrease my personal safety	.21***	-.24***	.15**	-.11	.15**	-.19***
Decrease my family's safety	.22***	-.26***	.09	-.11	.12*	-.24***
Increase drug selling in our community	.23***		.05	-.11*	.10	-.18**
Bring more PWUD into our community	.27***	-.28***	.10	-.14*	.09	-.20***
More dirty needles in public places	.27***	-.24***	.11*	.09	.13*	-.21**
Encourage people to use drugs	.29***	-.24***	.10	-.07	.02	-.22***
Increase opioid overdoses	.31***	-.24***	.14*	-.08	.12*	-.22***
Drive more businesses out of the West Side	.15**	-.24***	.04	-.11*	.08	-.16**
We don't have enough healthcare, housing, and other services on the West Side and we can't afford to	.32***	-.26***	.17***	-.11*	.13*	-.22***

OPS Concerns	Black	White	Age	Gender[1]	West Garfield Park	East Garfield Park
give those services to people who use an OPS						
Police will watch the OPS instead of taking care of other crimes in our community	.20***	-.20***	.12*	-.15**	.02	-.17**
Spread COVID-19 and other infectious diseases	.19***	-.14*	.08	-.10	.08	-.15*.

*p ≤ .05, **p ≤ .01, ***p ≤ .001, [1]coded as 1=male, 2=female.

Similar racial differences emerged by residential status (see Table 7). Survey participants who are Black West Side residents agreed with nearly every concern while those who are Whites who work on the West Side disagreed with each concern. PWUD also agreed with each concern. (Note: Black West Side residents agreed that an OPS would drive business out of the West Side; White survey participants who work on the West Side disagreed and PWUD agreed that an OPS would increase the spread of infectious diseases, but none of these correlations were statistically significant).

Table 7. Correlations between OPS Concerns, Resident Status, Race, and PWUD Status

OPS Concerns	Black- West Side Resident	White- Work on the West Side	PWUD
Increase crime	.18***	-.20***	.17**
Decrease my personal safety	.19***	-.23***	.14**
Decrease my family's safety	.20***	-.23***	.15**
Increase drug selling in our community	.27***	-.18***	.17**
Bring more PWUD into our community	.29***	-.23***	.17**
More dirty needles in public places	.30***	-.21***	.17**
Encourage people to use drugs	.33***	-.23***	.18***
Increase opioid overdoses	.32***	-.21***	.15**
Drive more businesses out of the West Side	.09	-.15**	.14*
We don't have enough healthcare, housing and other services on the West Side, and we can't afford to give those services to people who use an OPS	.32***	-.21***	.14*
Police will watch the OPS instead of taking care of other crimes in our community	.24***	-.15**	.19***
Spread COVID-19 and other infectious diseases	.18***	-.08	.08

*p ≤ .05, **p ≤ .01, ***p ≤ .001.

The results of our correlation analyses suggest that there are significant racial differences between Black and White West Side community members regarding OPS benefits and concerns. The differences between West Garfield Park and East Garfield Park participants may also be a proxy for race: 81% of survey participants who live and/or work in West Garfield Park are Black (X^2=7.06, df=1, p=.008) and 62% of survey participants who live and/or work in East Garfield Park are White (X^2=17.27, df=1, p<.001). This may also be true for PWUD: 79% of survey participants who are PWUD are Black (X^2=26.66, df=1, p<.001). Taken together, these results suggest that Black West Side community members are more likely to endorse or report concerns about having an OPS on the West Side while White West Side community members are more likely to report that an OPS will be beneficial for the West Side. These results also

reflect long-standing issues on the West Side, voiced in the focus groups (see next section), of outsiders—i.e., Whites who may work on the West Side but who do not live on the West Side—implementing services that they think are best for the West Side and ignoring the input of the people who live in these communities.

Focus Groups

Focus Group Methods

To obtain more in-depth input from West Side community members on OPS, we conducted focus groups with social service providers, PWUD, business and faith leaders. Focus group participants were identified and recruited by local expert panel members. Each focus group was 90 minutes long and co-led by an expert panel member. Focus groups were convened virtually: one group met by phone, and three groups met by Zoom. A total of 40 individuals—10 people per group—participated in the focus groups. Each individual received $30, either in cash or Visa gift card, for participating in the focus group.

The focus group protocol was developed by AHP, the West Side Heroin/Opioid Task Force, and IDHS/SUPR. The project's local expert panel reviewed and provided feedback on the focus group protocol. The focus group protocol and focus group methodology were reviewed and approved by AHP's IRB.

Focus Group Discussion Topics and Analyses

The following topics were discussed in each focus group:

- What do you know about OPS?
- Would an OPS be a good thing for the West Side? Why or why not?
- What benefits would an OPS provide for the West Side?
- What are your fears and concerns about having an OPS on the West Side, and why?
- What can we do to address your fears and concerns about having an OPS on the West Side?
- What groups would support an OPS on the West Side? What groups would be opposed to an OPS on the West Side?
- What can we do to share information about OPS with people who live and/or work on the West Side?

All focus group members gave informed consent for sessions to be audio-recorded. Each recording was transcribed by AHP project members. Transcriptions were coded via a joint iterative process in order to identify common themes across the four focus groups and themes that were unique to each group.

Focus Group Results

In this section, we describe the common and unique themes that emerged for the following topics: knowledge of OPS, OPS benefits, OPS concerns, and community engagement.

Knowledge of OPS

In each focus group, nearly all participants had heard about OPS and had a basic understanding of OPS services (i.e., that it is a place where people can come and safely use drugs). Several participants in the PWUD, business, and faith leaders focus groups had researched the topic and shared what they had

learned with their respective group. Common themes included: an OPS is a safe place that can prevent overdoses and saves lives, has trained medical personnel, and can connect people to services and help get them into treatment.

Business and faith leaders asked for more information on OPS services, how they are provided, and the plans to provide these services on the West Side, for example: “Who will run it? Will they be existing organizations or some outside group?”, “What are the rules for who will use it?”, and “What services will people actually be connected to?”. Participants in these two groups also requested data on whether and how OPS had improved outcomes for communities similar to the West Side, noting that “Just because the data shows that it works doesn’t mean it will work here on the West Side”. Conversely, participants in the PWUD focus group cited studies that show that OPS are effective “so it will work here too”.

OPS Benefits

Participants in all four focus groups stated that an OPS benefit is that it saves lives. Social service providers, PWUD, and business leaders noted that OPS can engage PWUD who are hard to reach and could also test their drugs for deadly substances, such as fentanyl. Social services providers and PWUD also reported that an OPS benefit is that it can connect PWUD to other services they need, such as healthcare and housing.

“There is a group of users that aren’t interested in our services. If we can get them to an OPS, we may be able to talk with them and let them know that we aren’t judging them and we can help them get whatever they need.”

Business and faith group leaders were initially skeptical that an OPS could provide any benefits. However, participants in each of these groups acknowledged that “people are dying, we have to try something, it’s better than doing nothing”. A few participants in the faith leaders group thought that an OPS could benefit PWUD by being a place where they could use safely, learn about treatment, and eventually receive treatment and stop using drugs.

“Our ultimate goal is not to provide places for people to use but to help them find sobriety. An OPS can be part of a plan for people to stop using when they are ready and provide them help to be able to get and stay off drugs.”

Social service providers noted that an OPS could be a safe place for PWUD women, people who are LGBTQ, and others who are at high risk for physical and sexual violence.

“Women, and LGBTQ people who are actively using are more vulnerable to violence. An OPS would give these people a place to go and use without the risk of incurring additional traumas. It would be a safe place for an already vulnerable group of PWUD.”

PWUD shared that an OPS would support their recovery and “help us get our lives back”.

“When PWUD get stable, they can go back to school or work and a regular routine. They become empowered to do things for themselves, just like people who don’t have a drug problem. PWUD can look in the mirror and feel good about themselves.”

OPS Concerns

With the exception of the social service providers, participants in all of the focus groups described numerous concerns about having an OPS on the West Side. Social service providers stated that they were aware of the concerns that people have about OPS but did not personally share those concerns. Common themes included:

- **Crime and safety:** PWUD, business and faith leaders all discussed the ways in which they felt that an OPS would increase crime and decrease safety. They worried that law enforcement would closely watch the OPS and target PWUD who use it for arrest. PWUD focus group participants shared that they would be reluctant to use the OPS if there was a police presence: "we would think it was a trap". Social service providers noted that they had heard that people were concerned that an OPS would increase crime but did not believe that this is an actual outcome. Business and faith leaders noted that many PWUD have untreated co-occurring mental health problems and could potentially become violent. They asked how OPS staff would handle people who become angry and aggressive: "Will staff know what to do?", "What are the rules if someone becomes violent while using the OPS? Will those people be asked to leave and then are they just out on the street, causing trouble?"

  "If people become violent and attack someone, you will have to call the police. If you keep calling the police and people don't feel safe, the community will shut the OPS down."

- **Why target the West Side?** PWUD, business and faith leaders all asked why the West Side was being targeted for an OPS when fatal opioid overdoses are occurring throughout Chicago: "Why not put it on the Gold Coast, people are dying there too". Business and faith leaders felt that an OPS could have a negative impact on the community. They stressed that OPS planning and implementation activities need to be transparent and involve the community, and not be solely guided by outsiders. Social service providers warned that community members had previously said "no" to putting housing for PWUD on the West Side because it would chase away business and felt that the community would make similar arguments about an OPS.
- **OPS location and "Not in My Backyard":** Participants in all four groups expressed concerns about the location of the OPS and discussed the importance of addressing community members' and/or their own "not in my backyard (NIMBY)" concerns. PWUD, business and faith leaders all asked where the OPS would be located (Focus group leaders explained to participants that no decisions about whether an OPS would be put on the West Side had been made, and that the focus groups and other project activities were the first step in learning if an OPS would be acceptable to people who live and work on the West Side). Business and faith leaders were adamant that the OPS should not be located in a residential neighborhood. Participants in these two groups felt that the OPS should be part of an existing healthcare facility so that it can be closely monitored and keep the neighborhood safe. They also thought that such co-location would be acceptable to the community: "It would be part of the services that the health center already offers". Business leaders asked for information about the physical structure of the OPS, noting that it would need to look inviting or no one would use it. Social service providers and PWUD stated that the OPS should be in a location where PWUD feel comfortable and could be connected to services. PWUD worried that if the OPS was co-located within a treatment facility, or too far from where they typically use drugs, PWUD would not use the OPS. They recommended that the OPS be in a place where people typically go to use drugs.

"How far would PWUD have to go to get to the OPS? People buy their drugs, a lot of them don't want to go far, they want to use right away, so they won't go to the OPS if it's too far from their usual spot".

- **Increased drug sales and more PWUD coming to the West Side:** Business and faith leaders voiced concerns that an OPS would increase drug selling in their neighborhoods and would bring more PWUD to the West Side. They were skeptical that an OPS would actually help PWUD connect to treatment and would instead "just be a place where people use drugs". They feared that it would encourage drug sales: drug dealers would view the OPS as a place for "steady customers". Similarly, they expressed concerns that it would bring PWUD who do not live on the West Side into their neighborhoods.

"PWUD want that intense high and if they hear people are dying, they will come to that neighborhood because they want those drugs to get that same high. They won't use an OPS because they want that intense high."

- **Youth use of OPS:** Business and faith leaders raised two concerns about youth and OPS. First, they asked if youth would be allowed to use an OPS. Some focus group participants felt that an OPS might provide an opportunity to help youth get drug treatment "sooner rather than later". Second, they expressed concern about the message an OPS would send to youth about drug use. They noted that many prevention efforts aimed at youth encourage them not to use drugs and that an OPS sends the opposite message (i.e. that it is ok to use drugs). Business and faith leaders felt that an OPS sends a mixed message to youth about drug use.

Addressing OPS Concerns: Community Engagement

We asked focus group participants what the project should do to address OPS concerns and share information about OPS with West Side community members, particularly those who might be opposed to an OPS. The common response across all four focus groups was community engagement: the project needs to engage community leaders—legacy residents whose families have lived on the West Side for generations, business owners, faith leaders, and state and city government representatives—in OPS planning and education efforts. Focus group participants suggested that the project consider the following community engagement strategies:

- **Create and convene a community advisory council**: Business and faith leaders strongly recommended that a community advisory council be created to guide the work of the project and have input on OPS location, physical structure, and services. The community advisory council should include legacy residents, business and faith leaders, and representatives from key community organizations. Several participants in the business and faith leader focus groups offered to be a part of the community advisory council. Social service providers and PWUD suggested partnering with influential community leaders from respected organizations to help build buy-in for an OPS.
- **Address OPS funding and sustainability issues and be transparent**: The West Side has a long history of health and social services being implemented and then leaving the community when funding goes away. Often, there is little communication with the community about funding and sustainability. Business and faith leaders warned that the project should not repeat history and must be transparent with the community about funding and sustainability. These focus group participants asked how the OPS will be funded, how success will be measured, and how the project will be sustained once initial funding ends.

"People have been told that they would be helped and there would be services and we are waiting…our government is so up and down with things, an OPS could be around for a year or two, and then it could be gone. This is common practice in our community, a program is here one year, gone the next. We need to know about funding and sustainability for this".

- **Ensure that community members are involved in staffing and services:** Business and faith leaders were adamant that the OPS be staffed by people who live on the West Side. They recommended that the project leverage the experiential knowledge of the community, rather than hire outsiders "who may think they know what's best but don't really know us". Business and faith leaders also recommended that the OPS partner with existing community resources, including businesses and service organizations on the West Side, rather than outside organizations "who aren't invested in our community or our future". Social service providers also noted that it is important that the OPS be operated by an organization that has a presence on the West Side to address community members' concerns that "we're just putting something in the neighborhood and leaving".
- **Provide data on how OPS help communities similar to the West Side:** PWUD, business and faith leaders all requested data on how OPS have helped communities that are similar to the West Side. Business and faith leaders noted that they, and the community, need research data that shows how OPS have improved outcomes for Black PWUD who live in communities that are similar to the West Side. Social service providers suggested that providing information on other communities' experiences with OPS could help educate West Side residents about the potential benefits of an OPS for their community.
- **Outreach to PWUD**: PWUD and business leaders recommended targeted outreach to PWUD who are difficult to engage, such as those who are homeless and who do not inject drugs. Outreach efforts should be ongoing to educate PWUD about the OPS and encourage them to use—and continue to use—the OPS.
- **Offer opportunities to see a "live" OPS**: Business and faith leaders told us that it would be helpful to see and tour an OPS. This would help them—and community members—better understand how an OPS functions, including how PWUD would enter and exit the facility, how it would be staffed, and the services provided.
- **Harm reduction education:** Social service providers and PWUD suggested that community education activities focus on how OPS save lives by meeting people where they're at, and that OPS services are part of a continuum of care for PWUD. They recommended using naloxone training and syringe service programs as models for messaging.

"As a service provider what convinced me about OPS is the focus on saving lives. I started seeing OPS as part of a continuum of care. It has to be presented in that way, showing that you are engaging people to help save their lives."

Community Education Materials

We developed two sets of materials that educate West Side community members about OPS. The first set of materials includes a one-page infographic aimed at the general community that describes the opioid crisis, its impact on the West Side, and the public health benefits of OPS, and a one-page infographic aimed at PWUD that describes OPS and the benefits to PWUD and the community. The infographics are available in English and Spanish. The second set of materials is aimed at law enforcement and includes an education brief that provides an overview of OPS, the public health and

safety benefits of OPS, the role of law enforcement in developing and implementing OPS, and the potential advantages of locating and OPS on the West Side. The infographics and law enforcement brief were reviewed by IDHS/SUPR, the West Side Heroin/Opioid Task Force, and project local expert panel members. A copy of each of these materials is included in the Appendix.

The community education materials are available in online and paper formats. Prior to COVID-19, we had planned to distribute paper copies of the education materials widely throughout the West Side via project open house events and in-person meetings, public events, and at churches and businesses. Due to social distancing and stay-at-home mandates, we modified our dissemination plan and focused primarily on online distribution of the education materials. For example, we included a link to the general community infographic at the end of the online version of the survey. Participants were given a brief description of the infographic and encouraged to click on the link to download a copy of the document. Copies of the infographics and the law enforcement education brief were emailed to all focus group participants, and we encouraged these individuals to share the documents with their family, friends, and colleagues. Local expert panel members and the West Side Heroin/Opioid Task Force also distributed materials electronically. Paper copies of the infographics were distributed by Prevention Partnership and CRA during outreach to PWUD.

Open House Events

When the project began in early March 2020, we planned to hold open house events for West Side community members to learn more about OPS. We envisioned showing videos on OPS at these events to encourage discussion, distributing education materials, and having a “pop up” model OPS that community members could tour to help them envision what an OPS might look like. Due to COVID-19 and social distancing mandates, we were unable to hold any open house events. Instead, we convened a virtual (Zoom) meeting of the West Side Heroin/Opioid Task Force on June 23, 2020 and invited Task Force members, project local expert panel members and others to join us to watch two OPS videos and hear a brief presentation on the project’s preliminary results. Unfortunately, technical difficulties prevented us from showing the videos. Links to the videos were emailed to the participants after the meeting.

Participants shared the following feedback during the discussion of the project’s preliminary results:

- OUD and SUD are behavioral health problems. How can we make the OPS focused more on behavioral health? The community may be more likely to accept an OPS if it is focused on behavioral health, and if they (community) know that the OPS offers and/or connects people to behavioral health services.
- Similarly, the community may be less opposed to an OPS if it has a healthcare focus and is connected to health care services. Meeting participants suggested that having the OPS co-located in an existing healthcare facility may be more appealing to community members than a stand-alone site.
- The term “overdose” can be scary for community members and PWUD. It also can be stigmatizing and reinforce negative perceptions of PWUD. It was suggested that another term be used that emphasizes positive outcomes, such as “health and wellness site” or “harm reduction and health site”.
- PWUD are afraid to go to the emergency room if they overdose. They want to be healthy, and they want to be respected and not judged when they seek care. They want to be able to go to a safe place and have not have a lot of restrictions for getting the help they seek.

- Involvement and support of law enforcement is critical to the success of an OPS. If law enforcement officers understand that this is about harm reduction, and that behavioral health services are part of the package, they may be more likely to support the OPS.
- Licensing and regulation need to be worked out. The state can approve OPS, but home rule means that it will be up to each city to decide whether to provide OPS.

Conclusions and Next Steps

Despite COVID-19, our project was able to engage West Side community members in initial discussions about OPS and collect information on their perspectives of OPS benefits and concerns. While survey results suggest that many community members believe that an OPS would be beneficial for the West Side, opinions differ by stakeholder group. Most notably, these differences occurred by race: Black survey participants were more likely to disagree that an OPS would be beneficial for the West Side and endorsed several common concerns about OPS (e.g., increased crime, bring more PWUD to the community) while White participants were more likely to agree that an OPS would be beneficial for the West Side and did not endorse any concerns. These differences reflect the decades-old issue voiced by the business and faith leaders: outsiders—primarily Whites who work and do not live on the West Side—who are not fully invested in the community come to the West Side to provide services, then leave in a few years when funding runs out, creating another treatment gap.

Focus group results suggest that education efforts need to continue to provide information on how OPS can save lives and improve public health and safety. Education documents and activities need to include data from existing OPS, particularly those in communities similar to the West Side. It is not enough to simply say that an OPS will save lives; West Side community members want to see the data that supports this and other outcomes. Along with this, city and state data showing the high rate of opioid deaths on the West Side is needed to help community members understand why an OPS is being considered for West Side versus other Chicago and/or downstate communities.

An intriguing survey result was that respondents who are PWUD were more likely to endorse OPS concerns than benefits. They agreed with every concern listed on the survey: that an OPS will increase crime, decrease safety, encourage people to use drugs, etc. These results suggest that, if PWUD are going to use OPS, they need targeted outreach and education on OPS and the ways in OPS services can help support their recovery efforts.

Research on OPS show that law enforcement support is critical to successful OPS implementation. Survey and focus group results indicate that community members have concerns that law enforcement will target an OPS and arrest PWUD who try to use it. While we created an educational brief for law enforcement, we know little about police officers' opinions about an OPS and whether they would support an OPS on the West Side.

Next Steps

Opioid overdose deaths have increased on the West Side in recent months. OPS community engagement and education activities need to continue as part of ongoing efforts to address these deaths and save lives. We suggest that the next steps for this project include:

- Create a community advisory council that includes legacy residents, business and faith leaders, city and state government representatives, and representatives from respected community organizations. Involve council members in community education and engagement efforts and OPS planning activities.

- Address community members' concerns about OPS location, rules and regulations, and funding and sustainability. Work with participants from the business leaders and faith leaders focus groups to identify opportunities to meet with community members to discuss these concerns.
- Convene focus groups with legacy residents and law enforcement to obtain their input on OPS and learn about their concerns about having an OPS on the West Side.
- Actively engage West Side law enforcement officers and first responders in community education and engagement events. Work with local expert panel members to widely distribute the law enforcement education brief to West Side Chicago Police Department districts and the Illinois State Police.
- Meet with West Side business leaders and social service organizations to discuss how the OPS can be staffed and managed by community members and others who are invested in the West Side.
- Share data in community education documents and at open house events on how OPS have helped communities that are similar to the West Side.
- Work with harm reduction organization to develop and deliver targeted outreach and messaging about OPS to PWUD. Outreach efforts should include conversations with PWUD about whether and how they would use the OPS, and their preferred location for the OPS (i.e., whether they would be more likely to use an OPS that is located near the spot where they normally use drugs versus an OPS that is co-located within a healthcare facility).
- The West Side has a growing Latinx community. We need to work with organizations that the serve this community to help us disseminate the Spanish community education documents. The survey was recently translated into Spanish; we need to invite Latinx West Side community members to complete the survey. We also need to hold a focus group in Spanish for Latinx West Side community members.
- Hold open house events as Illinois moves into Phase 4 and 5 and in-person group meetings can be safely held. Open house event activities should include videos and group discussions, and a model or 'pop-up' OPS that community members can tour. Community education materials should be distributed at open house events.
- Develop messaging for older West Side community members, and male community members. Survey respondents who are seniors, and those who are men, were more likely than younger participants and women to report concerns about having an OPS on the West Side.
- Address concerns about OPS and youth: Will youth be allowed to use the OPS? Should there be messaging about OPS that targets youth?

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Appendix

- Community Education Infographics for General Public and PWUD (English)
- Community Education Infographics for General Public and PWUD (Spanish)
- Law Enforcement Education Brief

CHICAGO'S WEST SIDE NEEDS

OVERDOSE PREVENTION SITES (OPS)

TO PREVENT FATAL OPIOID OVERDOSES & STOP THE SPREAD OF INFECTIOUS DISEASE

WHAT ARE OPIOIDS?

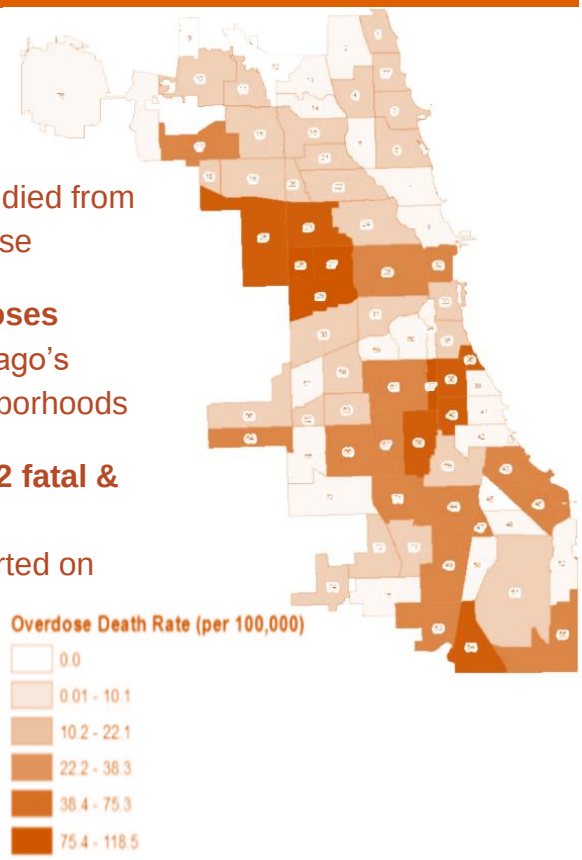
Opioids are drugs that include heroin, prescription pain pills like Oxycontin and Vicodin, and synthetic medications like fentanyl.

Opioids are **ADDICTIVE** and overdoses can be **DEADLY**.

THE FACTS:

In 2018…

- **756** Chicagoans died from an opioid overdose
- **277 fatal overdoses** occurred in Chicago's West Side neighborhoods
- There were **1,842 fatal & non-fatal opioid overdoses** reported on the West Side



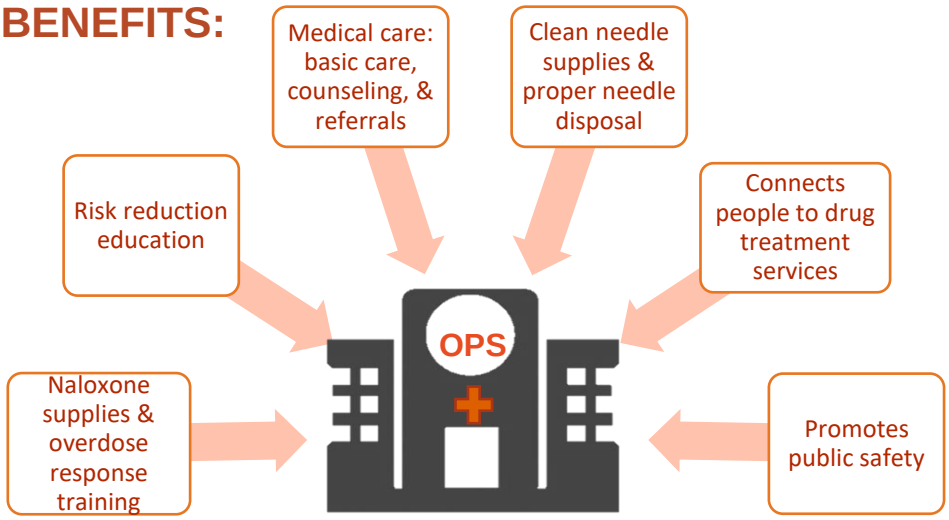
WHY OPS?

- Decreases opioid overdoses
- Decreases the spread of diseases like HIV & Hep C, and provides COVID-19 testing
- Decreases public drug use
- Increases access to drug treatment & recovery support services

Referrals to services

- Medical, psychiatric & drug treatments
- Supported housing
- Food & access to benefits
- Shelter

BENEFITS:



Funded by the Illinois Department of Human Services/Division of Substance Use Prevention and Recovery

Illinois Department of Human Services

HEROIN WEST SIDE TASK FORCE OPIOID

WHAT YOU NEED TO KNOW ABOUT

OVERDOSE PREVENTION SITES (OPS)

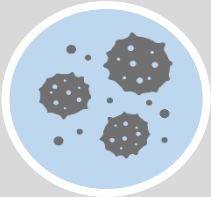
What is an OPS?

Overdose prevention sites (OPS) are health services that let people take drugs in a safe, clean place. Staff can step in right away if an overdose happens. OPS can also connect people to medical care, housing, drug treatment and other services.

Most of all, OPS help save lives.

Benefits to People Who Use Drugs:

Protect from overdose deaths



Reduce risk of diseases like HIV, Hep C, and test for COVID-19

Clean, safe, and welcoming environment

Better connections to health care, community resources, and supports

Benefits to the Community:

- **Decrease public drug use**
- **Reduce discarded dirty needles**
- **Lower overall health care spending**

OPS **do not** increase crime

OPS **do not** increase drug use

OPS **do not** make it easier for people to get drugs

Funded by the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

IDHS Illinois Department of Human Services

HEROIN OPIOID TASK FORCE

EL LADO OESTE (WEST SIDE) DE CHICAGO NECESITA

LUGARES PARA LA PREVENCION DE SOBREDOSIS

PARA PREVENIR LAS SOBREDOSIS DE OPIOIDES FATALES Y DETENER LA PROPAGACION DE ENFERMEDADES INFECCIOSAS

¿QUÉ SON LOS OPIOIDES?

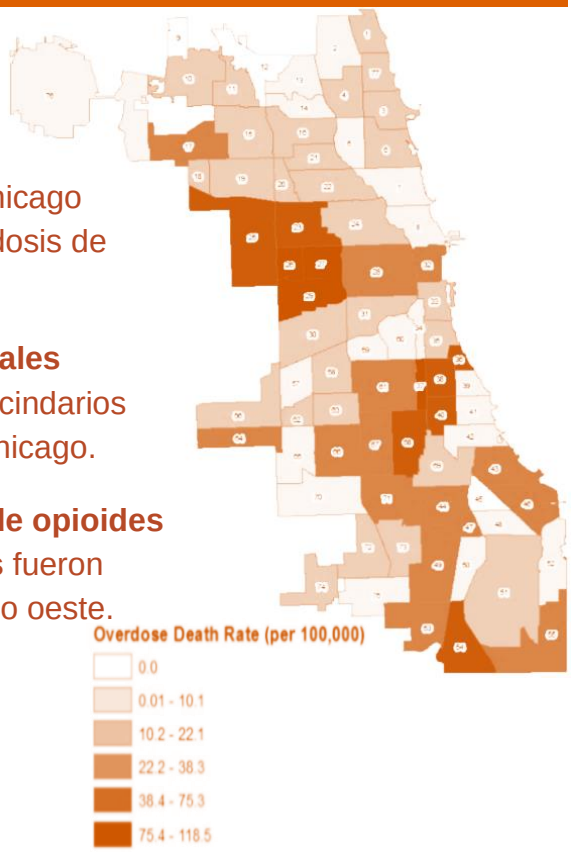
Los opioides son drogas que incluye la heroína, pastillas recetadas para el dolor como el Oxycontin y Vicodin, y medicamentos sintéticos como el fentanilo.

Los opioides son **ADICTIVOS** y las sobredosis pueden ser **MORTALES**.

LOS DATOS:

En 2018…

- **756** personas de Chicago murieron por sobredosis de opioides.
- **277 sobredosis fatales** ocurrieron en los vecindarios del lado oeste de Chicago.
- **1,842 sobredosis de opioides fatales y no fatales** fueron reportadas en el lado oeste.



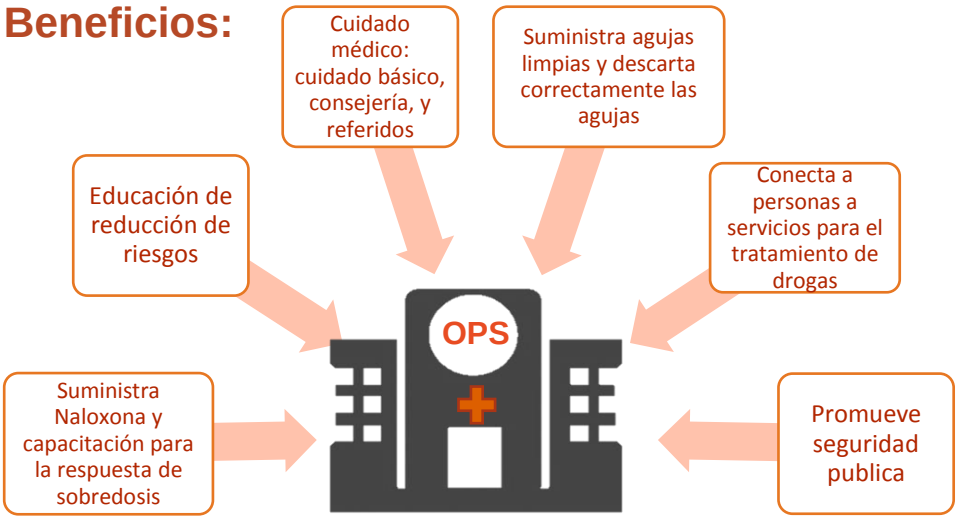
¿PORQUÉ UN OPS?

- Reduce las sobredosis de opioides
- Reduce la propagación de enfermedades como el HIV y Hepatitis C, y provee pruebas para COVID-19
- Reduce el uso de drogas en publico
- Aumenta el acceso para el tratamiento de drogas y servicios de apoyo de recuperación

Referidos a servicios

- Tratamiento de drogas, médicos y psiquiátricos
- Alojamiento con apoyo
- Alimentos y acceso a beneficios
- Albergue

Beneficios:



Financiado por el Departamento de Servicios Humanos de Illinois /Division of Substance Use Prevention and Recovery

Illinois Department of Human Services

HEROIN OPIOID TASK FORCE WEST SIDE

LO QUE NECESITA SABER ACERCA DE LOS

LUGARES PARA LA PREVENCIÓN DE SOBREDOSIS

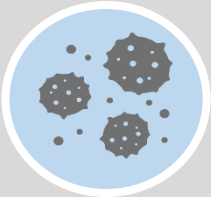
¿Qué es un lugar para la prevención de una sobredosis?

Los lugares para la prevención de sobredosis (Overdose Prevention Sites (OPS) en Ingles) son servicios de salud donde las personas pueden usar drogas en un lugar seguro y limpio. El personal puede ayudar inmediatamente si una sobredosis sucede. OPS puede conectar a las personas con cuidado médico, alojamiento, tratamiento de drogas y otros servicios.

Sobre todo, OPS ayuda a salvar vidas.

Los beneficios para personas que usan drogas:

Los protege de muertes por sobredosis



Reduce el riesgo a enfermedades como el VIH, Hepatitis C, y prueba para COVID-19

Un ambiente acogedor, limpio, y seguro

Mejores conexiones a cuidado de salud, recursos comunitarios, y apoyo

Los beneficios para la comunidad:

- **Reducción de uso público de drogas**
- **Reducción de agujas sucias descartadas**
- **Gastos bajos en general de cuidado de salud**

OPS **no** aumenta crimines

OPS **no** aumenta el uso a drogas

OPS **no** le hace más fácil a las personas a obtener drogas

Financiado por el Departamento de Servicios Humanos de Illinois, Division of Substance Use Prevention and Recovery

IDHS Illinois Department of Human Services

West Side Heroin Opioid Task Force

2020

Overdose Prevention Sites & Law Enforcement

THE ROLE OF LAW ENFORCEMENT IN A NEW STRATEGY TO PREVENT OPIOID OVERDOSE DEATHS IN CHICAGO'S WEST SIDE NEIGHBORHOODS

WESTSIDE HEROIN/OPIOID TASK FORCE IN COLLABORATION WITH ADVOCATES FOR HUMAN POTENTIAL, INC.

Funded in whole or in part by the Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR)

The Opioid Crisis and Law Enforcement

Law enforcement officers are on the frontlines of Illinois' opioid crisis, working long hours and taking on responsibilities that extend far beyond public safety and security. In Chicago, both fatal and non-fatal overdoses continue to burden law enforcement and first-responders: emergency medical service (EMS) teams responded to 8,359 opioid-related overdoses in 2018, or 23 per day.[1] Officers who are first on the scene may be confronted with the unthinkable grief of parents who have just lost a child or the desperation of families searching for a way to get a loved one to accept treatment. They may experience the frustration that comes from saving a life by reversing an overdose only to receive a call hours later to respond to an overdose for that same individual.

The 2017 Police Evaluation and Research report calls the opioid crisis the most "vexing and painful" issue facing police who are uniquely impacted by the complexity of the problem. Officers see the daily devastation in the community up close where they face stress, frustration, and increased physical danger due criminal activity that accompanies opioid use.[2]

Nationwide, law enforcement agencies are collaborating with a multitude of community partners to find better solutions. This is partly due to a growing consensus among law enforcement leadership in severely affected communities that "it is impossible to arrest our way out of the current crisis."[3]

> A Way Out: Lake County, Illinois
>
> Participating Law Enforcement Agencies: Lake County Sheriff plus 7 local police departments.
> Offers help finding treatment to anyone who comes to a participating agency, 24 hours/7 days a week, regardless of ability to pay.
> No criminal charges for possession of narcotics or paraphernalia of those voluntarily seeking help, but people with outstanding warrants or criminal charges are not eligible.

In Illinois, law enforcement has taken a critical lead in developing innovative ways to address the opioid crisis. Law enforcement's unique capacity to promote diversion/deflection programs that link opioid overdose survivors to treatment and recovery supports as alternatives to criminal justice system involvement are widely recognized and have been replicated statewide.[4,5] For example, the Cook County Sheriff's office is piloting a "Treatment Response Team" comprised of a police officer and clinician who follow up with outreach to opioid overdose survivors, link them to services, and assist them with entry into treatment. Illinois law enforcement agencies also are partnering with the Illinois Department of Public Health (IDPH) to use the Overdose Detection Mapping Application Program (ODMAP) to monitor and report spikes in opioid overdoses in real-time, and alert public health agencies to the need for opioid-related services in the communities where these spikes are occurring. The Chicago Police Department(CPD) Narcotics Arrest Diversion Program screens individuals taken into custody for certain drug offenses and directs eligible individuals, upon their consent, to a counselor who can provide a link to treatment providers or social service agencies in lieu of criminal charges. CPD also is working to train and equip officers with naloxone and strengthen outreach to individuals who have experienced an overdose. Finally, many Illinois law enforcement officers are taking part in educational webinars designed to better equip police to link individuals to treatment and to decrease stigma associated with opioid addiction.

This document introduces another strategy that requires law enforcement partnerships: Overdose Prevention Sites (OPS). We provide an overview of OPS, the public health and public

safety benefits, the role of law enforcement in developing and implementing OPS, and the potential advantages of locating an OPS site in Chicago's West Side neighborhoods hit hardest by the opioid crisis.

Overdose Prevention Sites: A Closer Look at a New Option

Overdose prevention sites (OPS)—also known as safe consumption sites—are legally sanctioned health service facilities that allow people to use pre-obtained drugs under the supervision of trained staff, such as nurses. OPS are designed to promote the safety of people who use drugs and the general public. OPS are a harm reduction strategy that have been shown to produce positive outcomes including: reducing opioid overdoses, connecting people to treatment and recovery support services, improving public safety, decreasing the workload of emergency overdose first responders, and reducing the risk of infectious diseases such as HIV and Hepatitis C.

West Side Community Triage and Wellness Center

A 24-hour, 7 day a week walk in and mobile crisis center on Chicago's West Side. Founded from a strategic partnership among Bobby E. Wright Comprehensive Behavioral Health Center, Habilitative Health Center, and Cook County Health Systems to reduce violence and trauma on Chicago's West Side. The center is an Illinois Department of Health and Human Services approved "Medical Facility" that provides emergency mental health evaluation and treatment for patients referred by Chicago police. The center also provides screening/assessments, crisis intervention, intensive case, management services, psychotropic medications, referrals, and follow up.

OPS Goals and Objectives

Many urban communities profoundly impacted by the opioid crisis are moving forward with plans to open OPS.[6] The more closely community stakeholders objectively examine the potential public health, public safety, and cost-benefits, the more viable the option becomes.

The primary goals of OPS are to reduce disease, injury, and death among people who use drugs by providing safe, clean environments, education on safer use, and referrals to addiction treatment and other community services. Objectives that guide OPS development and operations include:

- Engaging hard-to-reach, high-risk people who use drugs, especially marginalized individuals who use drugs on the streets or under risky, unhygienic conditions.
- Improving public environments in urban areas with high levels of drug use by reducing:
    - Exposure to public drug use, overdose events, and deaths
    - Risks to public health posed by used syringes and other hazardous litter
    - The spread of infectious disease from shared dirty needles
    - Barriers to accessing drug treatment, health care, and other social services[7]

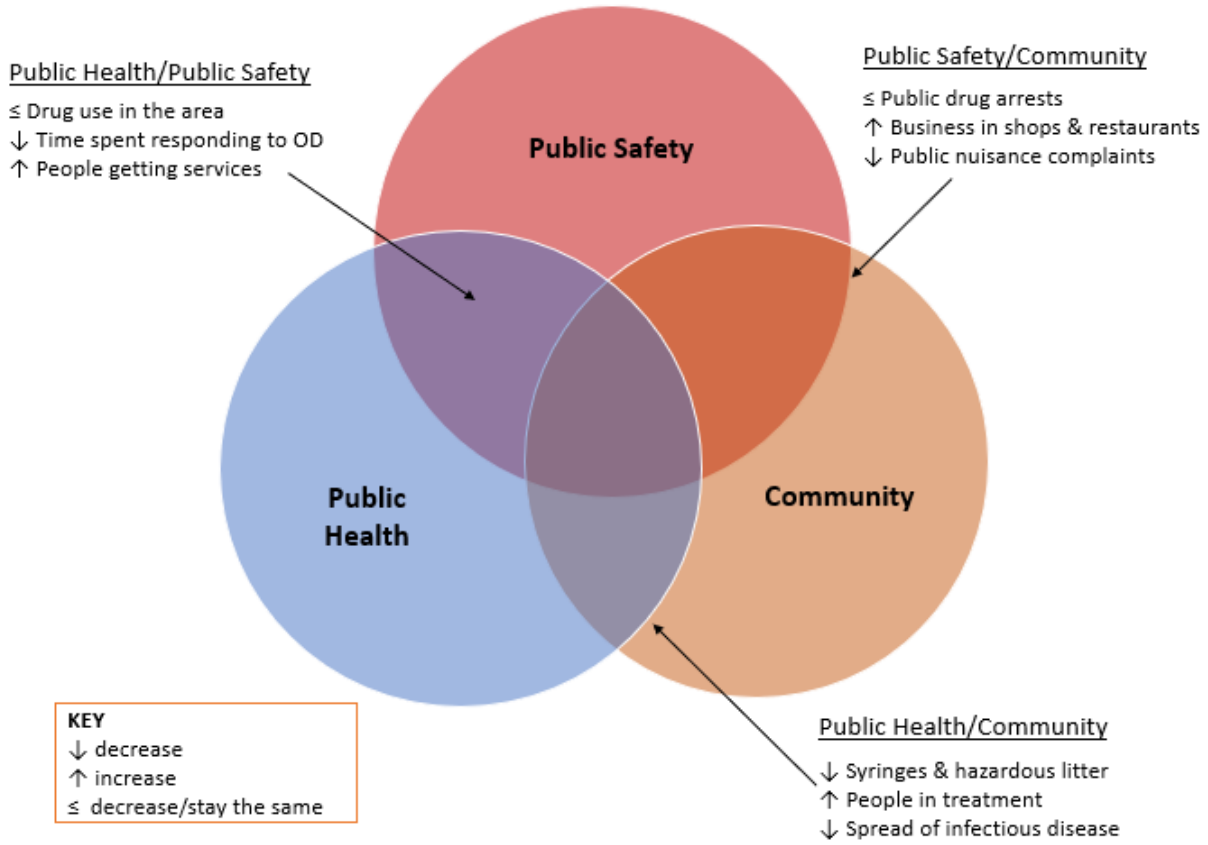
Public Safety and Harm Reduction

Traditionally, law enforcement has focused on drug supply reduction, but in recent years local police have taken on a greater role in demand and harm reduction efforts. The crisis has also forged new partnerships between law enforcement and other disciplines that recognize police are uniquely situated to have a significant impact on reducing overdose deaths and increasing access to care:

- Police are present 24 hours a day, seven days a week.

- Police have frequent direct contact with people who use drugs.
- Police have direct contact with people who use drugs at their most "teachable moments."

For example, police can exercise their discretion to refrain from arresting those at the scene of an overdose. This can help prevent the fear of arrest from deterring people from calling for help in an overdose emergency. Law enforcement may opt to keep a low profile in the vicinity of opioid treatment programs, syringe exchanges, and overdose prevention centers to avoid discouraging people who use drugs from taking advantage of these services. Historically, law enforcement contributions to OPS planning and implementation have been an integral part of successful initiatives.



The Role of Local Law Enforcement

In cities that have successfully implemented OPS, law enforcement has served as a primary partner from the outset by carefully monitoring local public safety conditions before and after a new facility opens to ensure initiatives meet important objectives. Law enforcement policies and standard operating procedures specific to OPS build on shared objectives and contribute to local communities' acceptance of these services. Police leadership and guidance are the key to developing OPS policies that reduce the risks and harms of drug abuse without compromising

public safety. For example, when an OPS site first opened in Toronto, police decided to direct anyone in a 4-block radius found using drugs in public to the site, rather than arresting them.[8]

Law enforcement is also a critical conduit of ongoing dialog with OPS directors about concerns raised by local officers and incidents reported by residents. They are part of collaborative problem solving and continuous operational improvements. Local law enforcement expertise is essential when developing the standards of conduct clients agree to abide by in order access overdose prevention services. Examples of standards of conduct include requiring proof of legal age and residence in the target community to become a client of the site and access its resources, and a signed agreement to abide by safety rules such as no sharing or selling drugs, loitering, or aggressive behavior.[9]

Impact of OPS on Crime and Public Order

Numerous analyses of local crime statistics have consistently shown no increases in crime or drug trafficking in the vicinity of OPS. Some reductions in police encounters and certain street crimes, such as car break-ins, have been documented in the vicinity of sites in Australia and Canada (Sydney, Vancouver). More commonly, positive public order outcomes such as reductions in public drug use and reduced used syringe litter are reported.[10]

Studies have also shown that OPS do not encourage drug use. On the contrary, OPS consistently report increases in the use of detoxification and drug treatment services among the individuals they serve.[11] This marginalized population is usually comprised of people who are homeless, without healthcare, and who may have lived on the streets for extended periods.[12] Staff of OPS are often the only contact they have with someone able to provide information about drug treatment and help with a referral.

The table below lists consistent public health and public order benefits identified by evaluation studies of established sites and research reports that have informed the establishment of newer sites. Since no OPS sites are currently operating in the U.S.[a], very little data are available other than information from feasibility studies for planned OPS initiatives.[13]

Who?	Where?	What?	Improved Outcomes
Local residents & families	Vancouver Sydney Scotland Netherlands	Reduced public injecting observed and reported by people who use drugs served by sites; reduced OD emergency response calls and hospital ED admissions.	Vancouver: 71% of clients reported less outdoor injection drug use Sydney: OD emergency calls down 80% Glasgow: 350 IDUs had 1,587 ED admissions
Local business & residents	Toronto Sydney Spain	Decrease in visible syringes & hazardous litter in nearby parks, shopping, and commerce districts.	Barcelona: Number of unsafely disposed syringes in the area dropped 75% Toronto: Before & after observations reported a noticeable decrease in littered syringes[b]

[a] Efforts to legalize OPS are underway in several places in the U.S., including Seattle and Philadelphia. For example, in October 2019, a federal court ruled Philadelphia's proposed OPS does not violate federal law, rejecting that sites are prohibited under the Controlled Substances Act.

[b] Data gathered through before and after observation.

Who?	Where?	What?	Improved Outcomes
Public safety & health	Toronto Vancouver Spain	Fewer deaths, immediate response to OD involving fast-acting illicit fentanyl, and info on trends in dangerous street drugs.	Spain: A 50% reduction in drug overdose fatalities over a 9-year period in areas w/ sites Vancouver: 35% decrease in OD deaths in areas surrounding sites
Public safety/ crime	Sydney Vancouver Toronto Germany	No increases in crime associated with implementation. Some decreases reported in vicinity of some sites for certain types of offenses.	Sydney: No increases in crime rates; decrease in arrests for public order offenses Vancouver: No increases; decrease in car break-ins & theft in vicinity of sites
Public health/ infectious disease	Toronto Philadelphia	Reduced spread of HIV/AIDS, Hep C, etc. Potential to limit new infections among African Am. at high risk for HIV risk & denied access to HCV care.	Toronto: Annually prevents 2-5 new HIV cases & between 41-122 new HCV infections Philadelphia: May reduce impact of discrimination towards African Am. with HCV
Cost-savings	Sydney Vancouver Philadelphia	Reduced ED and hospital admissions, lower costs of treating OD and other conditions; fewer OD response calls.	Sydney: 80% drop in OD emergency calls Vancouver: 6 million in annual savings Philadelphia: projects 2 million in annual savings
Referrals to services	Germany Vancouver Toronto	Increased engagement of hard to reach high-risk groups in addiction treatment, detox, and other vital services.	Germany: 42% of OPS client attended counseling; 22% regularly attended counseling Vancouver: 30% increase in use of detox and drug treatment services among clients

OPS Concerns: The Importance of Law Enforcement Input in OPS Planning and Implementation

OPS can be controversial. For many people, including law enforcement officers, OPS raise numerous concerns about the negative impact of the facility on public health and safety, including increased crime and public drug use, and an influx of drug users and drug dealers. A related concern is the role of law enforcement: How will police officers monitor the OPS? What happens when and if crime increases at the facility—will officers arrest people who use the OPS or "look the other way"? Will police officers be so busy monitoring the site that they are not able to respond to crimes happening elsewhere in the neighborhood? Attending to these very valid public safety concerns and the role of law enforcement in addressing these concerns is essential to the planning of a successful OPS initiative.[14]

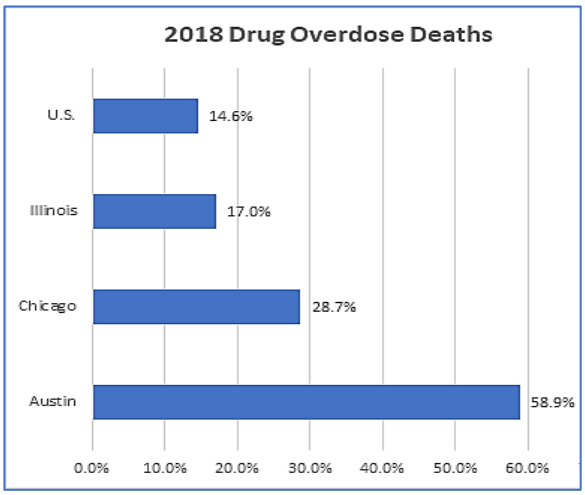
A recent review of eight OPS in Alberta, Canada, provides a cautionary warning of the negative consequences that can occur when law enforcement is **not** actively involved in OPS planning and implementation. Many of these OPS were located in areas that had both pre-existing high opioid overdose death and crime rates. While there were no fatal opioid overdoses at any of the OPS, analyses of crimes—measured as the number of calls to the police for service and not actual rates of victimization—showed that crime increased in the immediate vicinity of 7 of the 8 sites compared to rest of the community.[15] Residents reported that the OPS were magnets that attracted drugs users and drug dealers and complained about the lack of response to calls for service from police. At one site, residents described a "lawless wasteland" with violent crimes and drug dealing occurring in broad daylight. Police reported frustration with exemptions to laws related to drug possession (i.e., that OPS are "safe zones" where drug users are exempt from arrest for possession of illicit substances). The report summarizing the review

of the OPS notes that "police are placed in the untenable position of determining how to appropriately engage with OPS clients while clients engage in illegal activities such as theft, prostitution and burglary to pay for their drugs". When they did make arrests, police officers reported that the government was often reluctant to prosecute offenders. As a result, "de-policing"—avoiding interactions with OPS users and enforcement in the vicinity of the sites—occurred at several of the OPS. De-policing, in turn, undermined community members' respect for the rule of law, and law enforcement.

Police officers asked for supportive direction and policy to help them protect OPS users and community members. They noted a lack of cooperation from OPS staff and that OPS staff did not view police officers as part of the same team. Police officers, as well as community residents, reported that OPS operators often did not include them or ask for their input during the planning process, and that guidelines for OPS users were not readily shared. Along with this, as the report authors note, enforcement discretion is required if OPS users are to be able to bring illicit substances to an OPS. The Government of Alberta did not provide guidelines to law enforcement regarding that discretion, creating confusion among police, community members and OPS users and staff about appropriate enforcement policy. Taken together, the lack of communication, collaboration, and government guidance contributed to law enforcement frustration with OPS, de-policing, and decreased public safety at the sites.

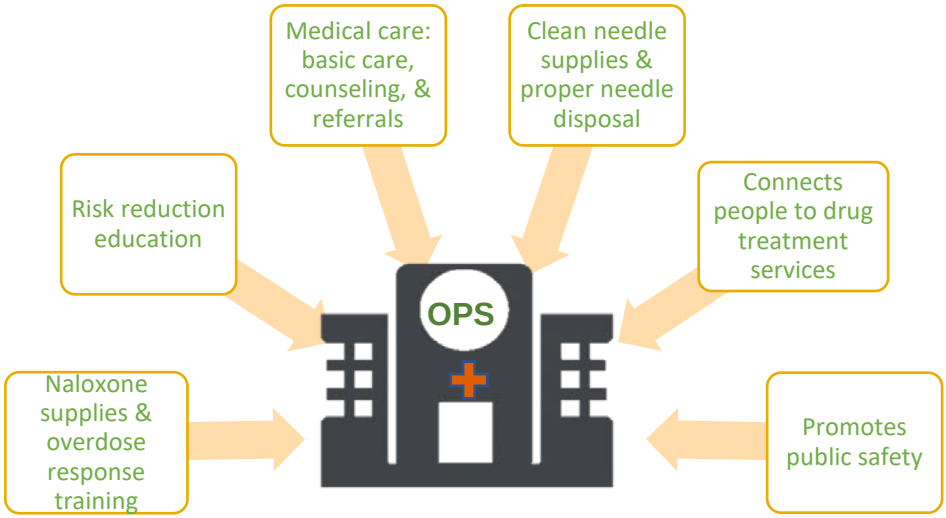
Opioid Overdoses and Disparities on Chicago's West Side

In Chicago, the rate of opioid overdose deaths among African Americans in 2018 was nearly twice as high as those of White residents. African Americans make up less than a third of city residents, but account for almost half of all opioid overdose deaths. In Chicago's Austin, North Lawndale, and Garfield Park neighborhoods, there were 560 opioid related deaths for 2018 and 2019, or 24% of the total in Chicago for those years. The chart below shows how the 2018 opioid overdose fatality rate in Illinois exceeds the overall rate for the U.S., and how Chicago and particularly West Side neighborhoods like Austin, where fatalities were highest, stand out as the epicenter of the crisis in Chicago.[16]



Health disparities contribute to these high overdose rates. US Census data show 20% to 43% of residents in these neighborhoods live below the poverty line. Unemployment rates exceed 20%, and life expectancy for residents of the West Garfield Park neighborhood, for example, is 16 years less than life expectancy for residents of Chicago's Loop.[17] There also is a distinct shortage of opioid treatment programs and overdose prevention resources in Chicago's hardest hit communities. In one West Side neighborhood where there were 65 opioid overdose deaths, there is only one nearby center that trains people to use the life-saving drug naloxone, which can reverse the fatal effects of an opioid overdose. In comparison, Chicago's Loop, with 16 opioid-related deaths in 2018, has five centers that distribute naloxone and train people to use it.[18]

Almost 60% of people released from state prisons in Illinois are paroled to Cook County, with most re-entering Chicago's West Side neighborhoods.[19] A significant body of research has demonstrated the elevated risk people face when they re-enter the community after a period in custody, up to 129 times the risk of dying from a drug overdose in the first two-weeks post-release as compared to the general population. The two biggest reasons—individuals' lack of understanding about loss of opioid tolerance when they discontinue use and of the increases in the potency of street drugs while they were in custody (both points emphasized by prevention education at OPS).[20] For example, a surge in use of powerful, illicit fentanyl analogs in Chicago, and their common presence as an adulterant in cocaine and other street drugs has led to sudden spikes in overdose deaths. Fentanyl is now involved in approximately 80% of Chicago opioid overdose deaths. This drug acts very quickly and has decreased the time emergency responders have to get to an overdose victim before death occurs. It has also dramatically increased overdose deaths among African Americans recently released from custody.



Services an Overdose Prevention Site Can Offer West Side Neighborhoods

Reducing Opioid Overdoses on the West Side: The Role of OPS

OPS sites are a highly effective strategy for reducing opioid overdose deaths since they allow medical staff to intervene immediately in the event of an emergency. They also reduce the demands on first responders of repeated daily overdose emergency calls. In 2018, EMS responded to 1,100 opioid overdoses in Austin and 745 opioid overdoses in West Garfield Park.

In other communities like Chicago, where there are heavy concentrations of drug-related crime, overdose emergencies and deaths in localized areas, **OPS sites have immediately and dramatically reduced fatalities while freeing up significant dedicated law enforcement and other first responder resources.** When police in Toronto, Canada worked with the community to shape a successful OPS site in the City's hardest-hit area, they achieved a 27% drop in opioid overdose fatalities in their first full year of operation.

The partnerships Chicago law enforcement has forged can pave the way for developing overdose prevention services that respond to the unique challenges of the neighborhoods most profoundly affected by drug use and violence. Not only have community stakeholders come to rely on the vital role Chicago police play on a daily basis in the battle against the opioid crisis,

going above and beyond to the save lives of West Side residents, but they have also come to rely on law enforcement leadership when piloting new, innovative approaches. This unified, broad-based approach has the potential to save lives and strengthen alliances between police and West Side residents as they work together to build a safer community, address deep-rooted health inequities, and improve the quality of life for residents of Chicago's West Side. We can avoid the negative consequences of Alberta's OPS by working together from planning to implementation to address public safety concerns. Together, with collaboration of all of our resources, knowledge and support of our communities, we must be willing to try new ways to end this epidemic. We look forward to an open and honest dialogue with our law enforcement partners as we strive to end the devastating impact opioids have caused to individuals, their families, our communities, our state and our nation.

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The Opioid Crisis and Law Enforcement

Law enforcement officers are on the frontlines of Illinois' opioid crisis, working long hours and taking on responsibilities that extend far beyond public safety and security. In Chicago, both fatal and non-fatal overdoses continue to burden law enforcement and first-responders: emergency medical service (EMS) teams responded 8,359 opioid-related overdoses in 2018, or 23 per day.[1] Officers who are first on the scene may be confronted with the unthinkable grief of parents who have just lost a child or the desperation of families searching for a way to get a loved one to accept treatment. They may experience the frustration that comes from saving a life by reversing an overdose only to receive a call hours later to respond to an overdose for that same individual.

The 2017 Police Evaluation and Research report calls the opioid crisis the most "vexing and painful" issue facing police who are uniquely impacted by the complexity of the problem. Officers see the daily devastation in the community up close where they face stress, frustration, and increased physical danger due criminal activity that accompanies opioid use.[2]

Nationwide, law enforcement agencies are collaborating with a multitude of community partners to find better solutions. This is partly due to a growing consensus among law enforcement leadership in severely affected communities that 'it is impossible to arrest our way out of the current crisis.'[3]

A Way Out: Lake County, Illinois

Participating Law Enforcement Agencies: Lake County Sheriff plus 7 local police departments.
Offers help finding treatment to anyone who comes to a participating agency, 24 hours/7 days a week, regardless of ability to pay.
No criminal charges for possession of narcotics or paraphernalia of those voluntarily seeking help, but people with outstanding warrants or criminal charges are not eligible.

In Illinois, law enforcement has taken a critical lead in developing innovative ways to address the opioid crisis. Law enforcement's unique capacity to promote diversion/deflection programs that link opioid overdose survivors to treatment and recovery supports as alternatives to criminal justice system are widely recognized and have been replicated statewide.[4] For example, .[5] The Cook County Sheriff's office is piloting a "Treatment Response Team" comprised of a police officer and clinician who follow up with outreach to opioid overdose survivors, link them to services, and assist them with entry into treatment. Illinois law enforcement agencies also are partnering with the Illinois Department of Public Health (IDPH) to use the Overdose Detection Mapping Application Program (ODMAP) to monitor and report spikes in opioid overdoses in real-time, and alert public health agencies to the need for opioid-related services in the communities where these spikes are occurring. The Chicago Police Department(CPD) Narcotics Arrest Diversion Program screens individuals taken into custody for certain drug offenses and directs eligible individuals, upon their consent, to a counselor who can provide a link to treatment providers or social service agencies in lieu of criminal charges. CPD also is working to train and equip officers in patrol with naloxone and to engage partnerships to strengthen outreach to individuals who have experienced an overdose. Finally, many Illinois law enforcement officers are taking part in educational webinars designed to better equip police to link individuals to treatment and to decrease stigma associated with opioid addiction.

This document introduces another strategy that requires law enforcement partnerships: Overdose Prevention Sites (OPS). We provide an overview of OPS, the public health and public

safety benefits, the role of law enforcement in developing and implementing OPS, and the potential advantages of locating an OPS site in Chicago's West Side neighborhoods hit hardest by the opioid crisis.

Overdose Prevention Sites: A Closer Look at a New Option

Overdose prevention sites (OPS)—also known as safe consumption sites—are legally sanctioned health service facilities that allow people to use pre-obtained drugs under the supervision of trained staff, such as nurses. OPS are designed to promote the safety of people who use drugs and the general public. OPS are a harm reduction strategy that has been shown to produce positive outcomes including: reducing opioid overdoses, connecting people to treatment and recovery support services, improving public safety, decreasing the workload of emergency overdose first responders, and reducing the risk of infectious diseases such as HIV and Hepatitis C.

West Side Community Triage and Wellness Center

A 24-hour, 7 day a week walk in and mobile crisis center on Chicago's West Side. Founded from a strategic partnership among Bobby E. Wright Comprehensive Behavioral Health Center, Habilitative Health Center, and Cook County Health Systems to reduce violence and trauma on Chicago's West Side.
Illinois Department of Health and Human Services approved "Medical Facility" to provide emergency mental health evaluation and treatment for patients referred by Chicago police.
The center provides: screening/assessments, crisis intervention, intensive case, management services, psychotropic medications, referrals, and follow up.

OPS Goals and Objectives

For many people, including law enforcement officers, OPS can conjure images of shooting galleries, an influx of people who use drugs, increases in drug-related crime, and doorways littered with people injecting drugs and overdosing. Ironically, these are the conditions that already exist in most areas that consider implementing OPS. However, attending to the valid concerns of law enforcement and community residents is essential to the planning of a successful OPS initiative.[6]

Despite some controversy surrounding the approach, many urban communities profoundly impacted by the opioid crisis are moving forward with plans to open OPS.[7] The more closely community stakeholders objectively examine the potential public health, public safety, and cost-benefits, the more viable the option seems.

The primary goals of OPS are to reduce disease, injury, and death among people who use drugs by providing safe, clean environments, education on safer use, and referrals to addiction treatment and other community services. Objectives that guide development and operations include:

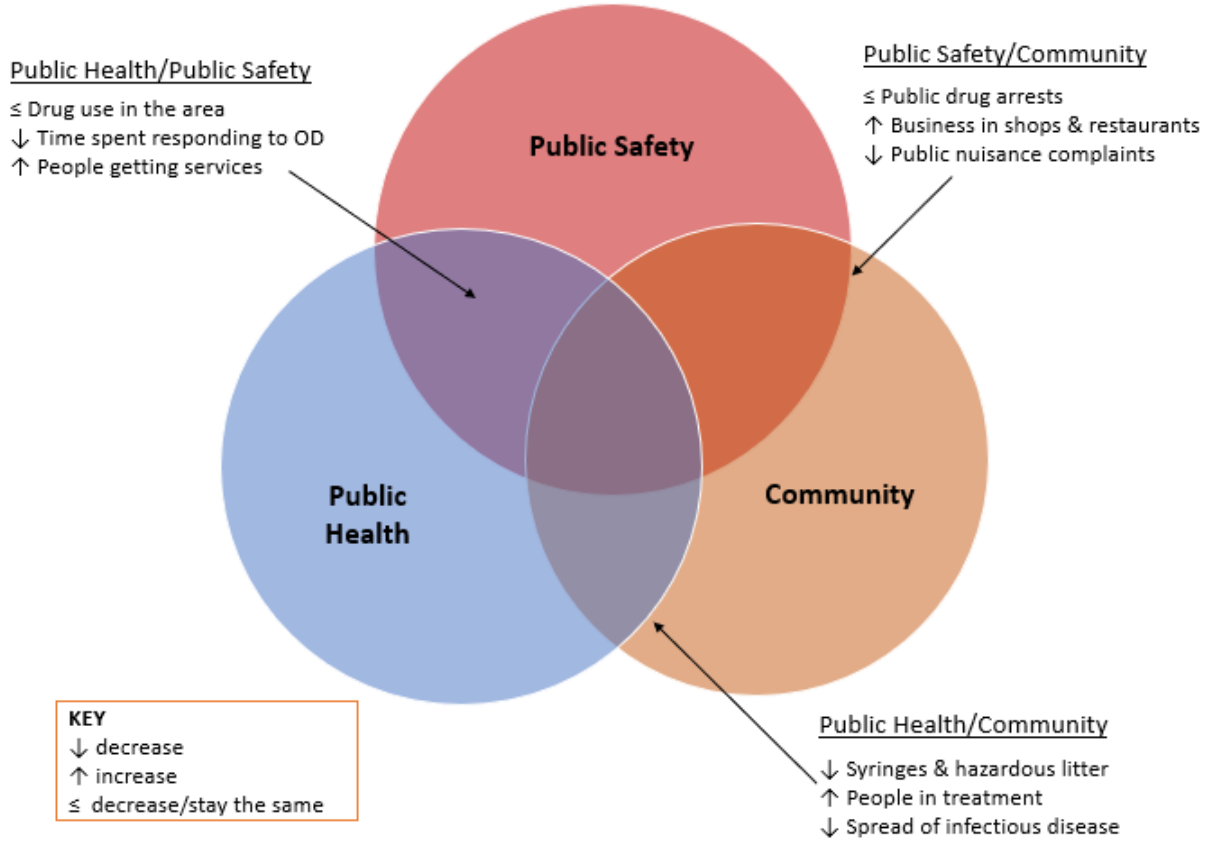
1. Engaging hard-to-reach, high-risk people who use drugs, especially marginalized individuals who use drugs on the streets or under risky, unhygienic conditions.
2. Improving public environments in urban areas with high levels of drug use by reducing:
    - Exposure to public drug use, overdose events, and deaths
    - Risks to public health posed by used syringes and other hazardous litter
    - The spread of infectious disease from shared dirty needles
    - Barriers to accessing drug treatment, health care, and other social services[8]

Public Safety and Harm Reduction

Traditionally, law enforcement has focused on drug supply reduction, but in recent years local police have taken on a greater role in demand and harm reduction efforts. The crisis has also forged new partnerships between law enforcement and other disciplines that recognize police are uniquely situated to have a significant impact on reducing overdose deaths and increasing access to care:

- Police are there 24 hours a day, seven days a week.
- Police have frequent direct contact with people who use drugs.
- Police have direct contact with people who use drugs at their most "teachable moments."

For example, police can exercise their discretion to refrain from arresting those at the scene of an overdose. This can help prevent the fear of arrest from deterring people from calling for help in an overdose emergency. Law enforcement may opt to keep a low profile in the vicinity of opioid treatment programs, syringe exchanges, and overdose prevention centers to avoid discouraging people who use drugs from taking advantage of these services. Historically, law enforcement contributions to OPS planning and implementation have been an integral part of successful initiatives.



The Role of Local Law Enforcement

In cities that have successfully implemented OPS, law enforcement has served as a primary partner from the outset by carefully monitoring local public safety conditions before and after a new facility opens to ensure initiatives meet important objectives. Law enforcement policies and standard operating procedures specific to OPS build on shared objectives and contribute to local communities' acceptance of these services. Police leadership and guidance are the key to developing OPS policies that reduce the risks and harms of drug abuse without compromising public safety. For example, when an OPS site first opened in Toronto, police decided to direct anyone in a 4-block radius found using drugs in public to the site.[9]

Law enforcement is also a critical conduit of ongoing dialog with OPS directors about concerns raised by local officers and incidents reported by residents. They are part of collaborative problem solving and continuous operational improvements. Local law enforcement expertise is essential when developing the standards of conduct clients agree to abide by in order access overdose prevention services. Examples of standards of conduct include requiring proof of legal age and residence in the target community to become a client of the site and access its resources, and a signed agreement to abide by safety rules such as no sharing or selling drugs, loitering, or aggressive behavior.[10]

Impact of OPS on Crime and Public Order

Numerous analyses of local crime statistics have consistently shown no increases in crime or drug trafficking in the vicinity of OPS. Some reductions in police encounters and certain street crimes, such as car break-ins, have been documented in the vicinity of sites in Australia and Canada (Sydney, Vancouver). More commonly, positive public order outcomes such as reductions in public drug use and reduced used syringe litter are reported.[11]

Studies have also shown that OPS do not encourage drug use. On the contrary, OPS consistently report increases in the use of detoxification and drug treatment services among the individuals they serve.[12] This marginalized population is usually comprised of people who are homeless, without healthcare, and who may have lived on the streets for extended periods.[13] Staff of OPS are often the only contact they have with someone able to provide information about drug treatment and help with a referral.

The table below lists consistent public health and public order benefits identified by evaluation studies of established sites and research reports that have informed the establishment of newer sites. Since no OPS sites are currently operating in the U.S.[a], very little data are available other than information from feasibility studies for planned OPS initiatives.[14]

[a] Efforts to legalize OPS are underway in several places in the U.S., including Seattle and Philadelphia. For example, in October 2019, a federal court ruled Philadelphia's proposed OPS does not violate federal law, rejecting that sites are prohibited under the Controlled Substances Act.

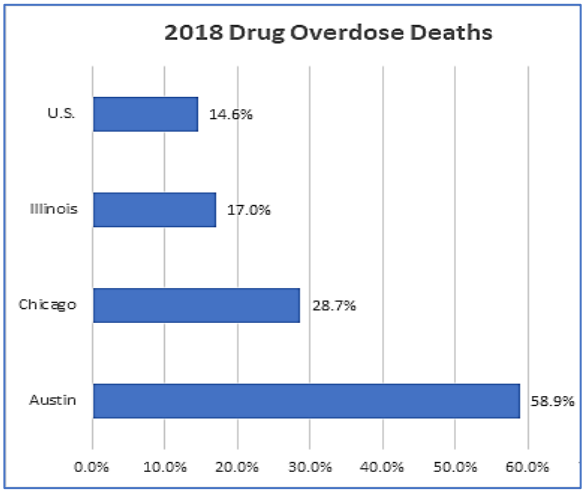
Who?	Where?	What?	Improved Outcomes
Local residents & families	Vancouver Sydney Scotland Netherlands	Reduced public injecting observed and reported by people who use drugs served by sites; reduced OD emergency response calls and hospital ED admissions.	Vancouver: 71% of clients reported less outdoor injection drug use Sydney: OD emergency calls down 80% Glasgow: 350 IDUs had 1,587 ED admissions
Local business & residents	Toronto Sydney Spain	Decrease in visible syringes & hazardous litter in nearby parks, shopping, and commerce districts.	Barcelona: Number of unsafely disposed syringes in the area dropped 75% Toronto: Before & after observations reported a noticeable decrease in littered syringes[b]
Public safety & health	Toronto Vancouver Spain	Fewer deaths, immediate response to OD involving fast-acting illicit fentanyl, and info on trends in dangerous street drugs.	Spain: A 50% reduction in drug overdose fatalities over a 9-year period in areas w/ sites Vancouver: 35% decrease in OD deaths in areas surrounding sites
Public safety/ crime	Sydney Vancouver Toronto Germany	No increases in crime associated with implementation. Some decreases reported in vicinity of some sites for certain types of offenses.	Sydney: No increases in crime rates; decrease in arrests for public order offenses Vancouver: No increases; decrease in car break-ins & theft in vicinity of sites
Public health/ infectious disease	Toronto Philadelphia	Reduced spread of HIV/AIDS, Hep C, etc. Potential to limit new infections among African Am. at high risk for HIV risk & denied access to HCV care.	Toronto: Annually prevents 2-5 new HIV cases & between 41-122 new HCV infections Philadelphia: May reduce impact of discrimination towards African Am. with HCV
Cost-savings	Sydney Vancouver Philadelphia	Reduced ED and hospital admissions, lower costs of treating OD and other conditions; fewer OD response calls.	Sydney: 80% drop in OD emergency calls Vancouver: 6 million in annual savings Philadelphia: projects 2 million in annual savings
Referrals to services	Germany Vancouver Toronto	Increased engagement of hard to reach high-risk groups in addiction treatment, detox, and other vital services.	Germany: 42% of OPS client attended counseling; 22% regularly attended counseling Vancouver: 30% increase in use of detox and drug treatment services among clients

Opioid Overdoses and Disparities on Chicago's West Side

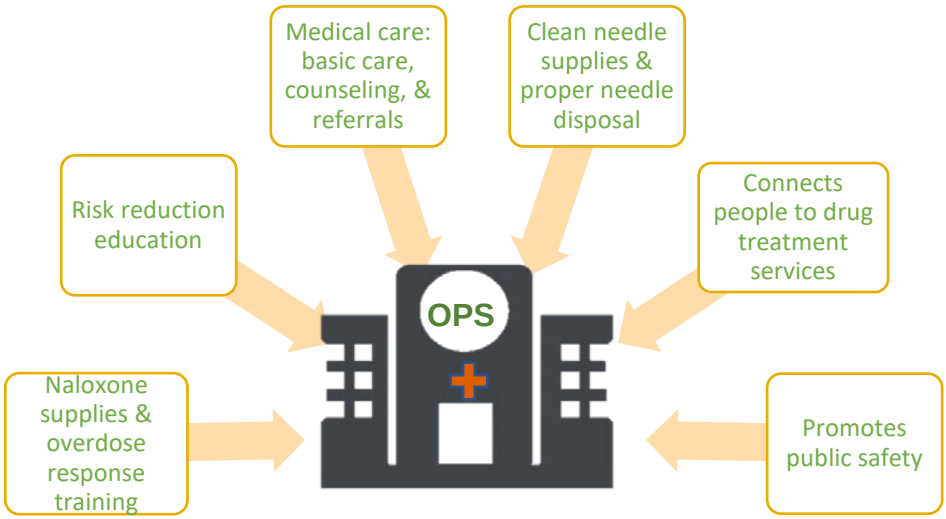
In Chicago, the rate of opioid overdose deaths among African Americans in 2018 was nearly twice as high as those of White residents. African Americans make up less than a third of city residents, but account for almost half of all opioid overdose deaths. In Chicago's Austin, North Lawndale, and Garfield Park neighborhoods, there were 560 opioid related deaths for 2018 and 2019, or 24% of the total in Chicago for those years. The chart below shows how the 2018 opioid overdose fatality rate in Illinois exceeds the overall rate for the U.S., and how Chicago and particularly West Side neighborhoods like Austin, where fatalities were highest, stand out as the epicenter of the crisis in Chicago.[15]

[b] Data gathered through before and after observation.

Health disparities contribute to these high overdose rates. US Census data show 20% to 43% of residents in these neighborhoods live below the poverty line. Unemployment rates exceed 20%, and life expectancy for residents of the West Garfield Park neighborhood, for example, is 16 years less than life expectancy for residents of Chicago's Loop.[16] There also is a distinct shortage of opioid treatment programs and overdose prevention resources in Chicago's hardest hit communities. In one West Side neighborhood where there were 65 opioid overdose deaths, there is only one nearby center that trains people to use the life-saving drug naloxone, which can reverse the fatal effects of an opioid overdose. In comparison, Chicago's Loop, with 16 opioid-related deaths in 2018, has five centers that distribute naloxone and train people to use it.[17]



Almost 60% of people released from state prisons in Illinois are paroled to Cook County, with most re-entering Chicago's West Side neighborhoods.[18] A significant body of research has demonstrated the elevated risk people face when they re-enter the community after a period in custody, up to 129 times the risk of dying from a drug overdose in the first two-weeks post-release as compared to the general population. The two biggest reasons—lack of understanding about loss of opioid tolerance when they discontinue use and of the increases in the potency of street drugs while they were in custody (both points emphasized by prevention education at OPS).[19] For example, a surge in use of powerful, illicit fentanyl analogs in Chicago, and their common presence as an adulterant in cocaine and other street drugs has led to sudden spikes in overdose deaths. Fentanyl is now involved in about 80% of Chicago opioid overdose deaths. This drug acts very quickly and has decreased the time emergency responders have to get to an overdose victim before fatality occurs. It has also dramatically increased overdose deaths among African Americans recently released from custody.



Services an Overdose Prevention Site Can Offer West Side Neighborhoods

Reducing Opioid Overdoses on the West Side: The Role of OPS

OPS sites are a highly effective strategy for reducing opioid overdose deaths since they allow medical staff to intervene immediately in the event of an emergency. They also reduce the demands on first responders of repeated daily overdose emergency calls. In 2018, EMS responded to 1,100 opioid overdoses in Austin and 745 opioid overdoses in West Garfield Park.

In other communities like Chicago, where there are heavy concentrations of drug-related crime, overdose emergencies and deaths in localized areas, **OPS sites have immediately and dramatically reduced fatalities while freeing up significant dedicated law enforcement and other first responder resources.** When police in Toronto, Canada worked with the community to shape a successful OPS site in the City's hardest-hit area, they achieved a 27% drop in opioid overdose fatalities in their first full year of operation.

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