

News Media Coverage of Overdose Prevention Centers: A Content Analysis

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Abstract

News media has long been recognized as a powerful force in shaping public sentiment, policy and the law. Overdose prevention centers (OPCs), also known as safe consumption sites, are an evidence-based intervention designed to reduce drug-related health risks among people who use drugs (PWUD). In the U.S., OPCs continue to face implementation challenges, including political opposition. We sought to quantitatively characterize the language, arguments and perspectives included in news media coverage of OPCs. We identified 119 digitized news articles published between 2016 and 2022 based on search terms tailored to this subject. Content analysis was applied to the included articles. Overall, 58.0% of articles were favorable to OPC implementation, 31.9% were neutral, and 10.1% were unfavorable. The most frequently cited benefits of OPCs were linkage to wraparound services (94.1%); rapid overdose response (90.8%); and exchange of safer use supplies (82.4%). The top cited negative consequences included stigmatizing arguments counter to evidence such as enabling drug use (51.3%), increased crime (24.4%), and public drug use (22.7%). These arguments were more common in media articles containing unfavorable coverage of OPCs. Most news media articles provided favorable coverage of OPCs. However, the inclusion of inaccurate claims—particularly in unfavorable coverage—could reinforce misinformation and stigma.

Introduction

The U.S. overdose epidemic claimed over 100,000 lives annually between 2021 and 2023 and 79,384 lives in 2024.¹ Fatal overdoses escalated greatly throughout the COVID-19 pandemic, as social isolation precipitated more solitary drug use and access to essential substance use services (eg, naloxone distribution, drug treatment) was greatly disrupted.² Overdose prevention centers (OPCs), also referred to as safe consumption sites (SCS), are a set of evidence-based interventions designed to mitigate the risk of fatal overdoses. OPCs have several different components including but not limited to observed consumption of pre-obtained drugs (with trained personnel to respond to overdoses and other emergencies), naloxone distribution, syringe services, mental health screening or counseling, and linkage to substance use disorder treatment services.³⁻⁵ There are also documented benefits to OPC implementation beyond overdose prevention; when people gain access to sterile injection supplies, transmission of infectious bloodborne pathogens such as HIV and hepatitis C is substantially reduced.^{6,7}

OPCs have existed in countries beyond the United States since the 1980s beginning with the first sanctioned drug consumption room in Berne, Switzerland in 1986.⁸ Over the following decades, they became established in countries across Europe, including Germany, Spain, and the Netherlands, as well as Australia, with Sydney's medically supervised injecting center opening in 2001.⁹ In Canada, unsanctioned spaces have operated for nearly 20 years.^{10,11} More recently, OPCs have also been implemented in Latin America.

Despite the robust evidence base surrounding the effectiveness of OPCs in preventing overdose fatalities, efforts to authorize and implement these services have met substantial political opposition

across North America.^{12,13} Consequently, unsanctioned OPCs have operated in the United States for at least a decade.^{14,15} The first city-sanctioned OPCs were opened in November 2021 in New York City.¹⁶ These programs were added to existing syringe service programs (SSPs) with longstanding implementation in communities heavily impacted by substance use and drug overdose.¹⁷ Since then, Rhode Island and Vermont have successfully authorized OPCs at the state level and the first OPC in Providence, Rhode Island opened in 2025. Other states have advanced proposals with varying degrees of progress; for example, the state of California passed OPC legislation, but it was vetoed by the Governor.

As more states consider implementing OPCs, media coverage of their existence increases, with the potential to shape public opinion about their role in providing health services to people who use drugs (PWUD). The media has long been recognized as a powerful force in shaping public sentiment, policy, and law.¹⁸ Digital news coverage reaches large and diverse audiences and has the potential to strongly influence attitudes toward drug policy.^{19,20} However, such coverage can also perpetuate misinformation, amplifying stigma and misconceptions about OPCs and illicit drug use.^{21,22} Given the media's capacity to sway public opinion and reinforce "Not in My Backyard" (NIMBY) sentiments, it is critical to examine the extent, framing, and content of U.S. news media discourse on OPCs.

Previous U.S. media analyses have examined related issues, such as coverage of the opioid epidemic, harm reduction, prevention, and the impact of stigmatizing language.^{23,24} However, no study has focused specifically on how OPCs are portrayed in the news. To address this gap, we analyzed news articles discussing OPCs, examining the benefits and consequences cited, the overall tone of coverage, and the types of sources quoted in media narratives surrounding this often-polarizing intervention.

Methods

Search Strategy

We identified news media articles discussing OPCs published between November 2016 and May 2022. The database search and article coding process occurred from February to August 2022. We identified articles focusing on OPC implementation in the United States. We developed and implemented predefined search terms including "harm reduction center," "overdose prevention site," "supervised consumption site," "supervised injection facility," "safe inhalation space," "supervised smoking site," and "drug consumption room."

Searches were conducted in ProQuest, NewsBank, and Google News. Articles were excluded if OPCs were only mentioned in passing and were not the primary focus of the article. Each article was reviewed to confirm that it met the following inclusion criteria:

1. Digitized news media published in English
2. Produced by a U.S.-based media outlet
3. Discussed authorization and/or implementation of OPCs in the United States

All non-textual media (eg, visual media, radio, televised segments), articles published in languages other than English, and content produced outside the United States were excluded.

Ethical Statement

All search procedures were performed in compliance with relevant laws and the Lifespan Corporation's institutional guidelines. Ethics approval was obtained from the Lifespan Institutional Review Board on June 28, 2022 (reference No. 1836449).

Measures and Analysis

Articles were classified by coders as favorable, unfavorable, or neutral based on the frequency of arguments supporting or opposing OPC implementation and the language used to describe OPCs. Eligible articles were coded independently by two coders who were blinded to each other's assessments.

OPC-related statements were categorized as either potential benefits or consequences of implementation. Negative or pejorative framing around arguments against OPC authorization or implementation were categorized as consequences, such as increased neighborhood crime, enabling drug use, or inappropriate diversion of public resources toward PWUD. Arguments made in favor of OPCs were categorized as benefits, such as linkage to health care and social services, reduced infectious disease transmission, and reductions in public drug use.

Article tone was assessed holistically by examining the frequency of favorable sentiments and the perceived communicative intent of the author or publisher. Articles were categorized as neutral when the author did not clearly align with arguments for or against OPC authorization or implementation. If disagreement occurred between coders, a third team member adjudicated the final decision.

The coding instrument was developed by an experienced mixed-methods researcher and reviewed by two additional members of the investigative team. After piloting and refining the codebook, all articles were imported into Dedoose version 9.0 (SocioCultural Research Consultants LLC, Manhattan Beach, CA) for duplicate coding and data management.

Before content coding, we extracted general information including author, publication source, and publication date. Articles were categorized as local or national depending on the geographic scope of the outlet. Sources cited within each article (eg, policymakers, service providers, academics, law enforcement, and PWUD) were also coded.

Coded text segments were exported and summarized descriptively using frequencies and proportions. Statistically significant differences ($P < .05$) between favorable, neutral, and unfavorable articles were assessed using Fisher exact tests in Stata/IC version 15.1 (StataCorp LLC, College Station, TX).

Results

Our search identified 166 unique news articles, of which 47 (28.3%) were excluded after not meeting inclusion criteria. This yielded a final analytic sample of 119 articles. Of these, 62.2% (n = 74) were published by local news outlets and 37.8% (n = 45) by national outlets. Most articles (52.9%, n = 63) were published in 2021, followed by 2022 (37.8%, n = 45), while 7.3% (n = 9) were published prior to 2020. The majority (58%, n = 69) of articles were classified as favorable toward OPCs, while 31.9% (n = 38) were neutral and 10.1% (n = 12) were unfavorable. The most frequently cited anticipated benefits included linkage to health care and social services (94.1%), rapid overdose response (90.8%), and access to safer use tools and disposal (82.4%). The most frequently cited anticipated harmful consequences included enabling drug use (51.3%), increased crime (24.4%), and increased public drug use (22.7%).

Compared with favorable and neutral articles, unfavorable articles were significantly less likely to describe benefits of OPC implementation. Likewise, unfavorable articles were significantly more likely to cite increased public drug use, increased neighborhood crime, and declining property values as potential consequences.

Across all articles, the most frequently cited sources were policymakers (69.7%), advocates or organizers (42.9%), service providers (34.5%), and academics or researchers (28.6%). PWUD or people with lived substance use experience were quoted in fewer than one-fourth of articles (22.7%). Unfavorable articles were more likely to quote policymakers and did not cite any academic researchers.

Discussion

Analysis of 119 U.S. news media articles published between 2016 and 2022 revealed substantial variation in how OPCs were framed and the types of sources cited. Articles with unfavorable coverage frequently relied on misinformation—for example, assertions that OPCs increase drug use or crime.^{25,26} Such claims may reinforce stigma toward PWUD and mobilize public opposition to these interventions. In contrast, favorable articles more often emphasized the health and social benefits of OPC implementation. Notably, unfavorable articles did not quote academic experts or PWUD—voices that are central to evidence-informed discussions of harm reduction interventions.

Across article categories, policymakers were the most frequently cited sources (70%). Although policymakers can provide insight into legislative processes, the dominance of their perspectives came at the expense of medical professionals and public health practitioners who may be better positioned to discuss the clinical evidence supporting OPC effectiveness in reducing overdose mortality.

Unfavorable articles were also more likely to include quotes from business owners and members of the public. These perspectives frequently echoed narratives of community resistance and NIMBY opposition, often rooted in stigmatizing beliefs about PWUD.²⁷ Despite OPCs being designed to serve PWUD, fewer than one-fourth of articles quoted individuals with lived experience. Many PWUD also serve as peer workers, advocates, researchers, and staff within harm reduction programs worldwide and could contribute valuable insights to public discourse.²⁸

Limitations

This study had several limitations. First, although the search criteria were comprehensive, the sample size was relatively small and may not fully represent the broader U.S. media landscape. Second, our analysis focused exclusively on digitized news media and did not capture other influential forms of media such as television, radio, or social media. Third, we analyzed only the original article text and not reader comments or social media discussions, which may shape public interpretation of news coverage. Lastly, while articles were coded in duplicate to ensure reliability, interpretation of article tone remains subjective.

Conclusion

Most news media articles provided favorable coverage of OPCs. Although digital U.S. news media conveyed substantial evidence-based information about OPCs, inaccurate or misleading claims persisted and may contribute to stigma and misinformation surrounding harm reduction interventions and the people they serve. Unfavorable coverage was more likely to include misleading claims and less likely to cite academic experts or PWUD. These findings may help inform future public communication and advocacy strategies related to OPC implementation.

Declarations

Disclosures: The authors have no competing interests to declare.

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Table

Table 1. Cited sources, benefits, and consequences of OPC authorization and/or implementation in the article corpus ($N = 119$).

| | <i>Number (n)</i> | <i>Percent (%)</i> |
|--|-------------------|--------------------|
| <i>Sources cited or quoted</i> | | |
| Service providers | 41 | 34.5 |
| Advocates/organizers | 51 | 42.9 |
| People who use drugs | 27 | 22.7 |
| Health departments | 39 | 32.8 |
| Law enforcement | 14 | 11.8 |
| Legal professionals | 25 | 21 |
| Policymakers | 83 | 69.7 |
| Other media | 19 | 16 |
| Business owners and members of the public | 25 | 21 |
| Academics/researchers | 34 | 28.6 |
| <i>Cited benefits of OPC implementation</i> | | |
| Cost-effectiveness | 20 | 16.8 |
| Decreased infectious disease transmission | 61 | 51.3 |
| Decreased public drug use | 48 | 40.3 |
| Access to safer use tools and disposal | 98 | 82.4 |
| Linkage to health and social services | 112 | 94.1 |
| Rapid overdose response | 108 | 90.8 |
| Social justice and rights for PWUD | 80 | 67.2 |
| <i>Cited consequences of OPC implementation</i> | | |
| Declining property values | 5 | 4.2 |
| Enabling drug use | 61 | 51.3 |
| Diverting available public resources to PWUD | 10 | 8.4 |
| Increased crime | 29 | 24.4 |
| Increased littering | 21 | 17.6 |
| Increased public drug use | 27 | 22.7 |

Figures

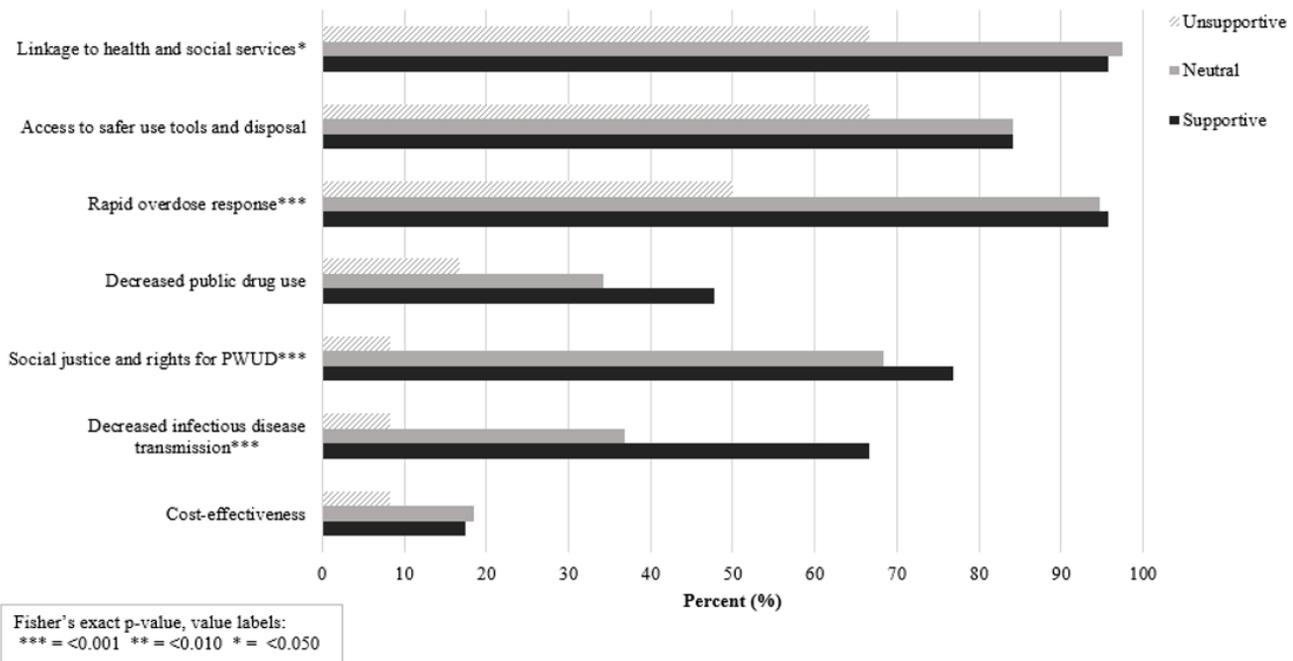


Figure 1

Cited benefits of OPC authorization and/or implementation among digitized U.S. news media articles (*n*=119)

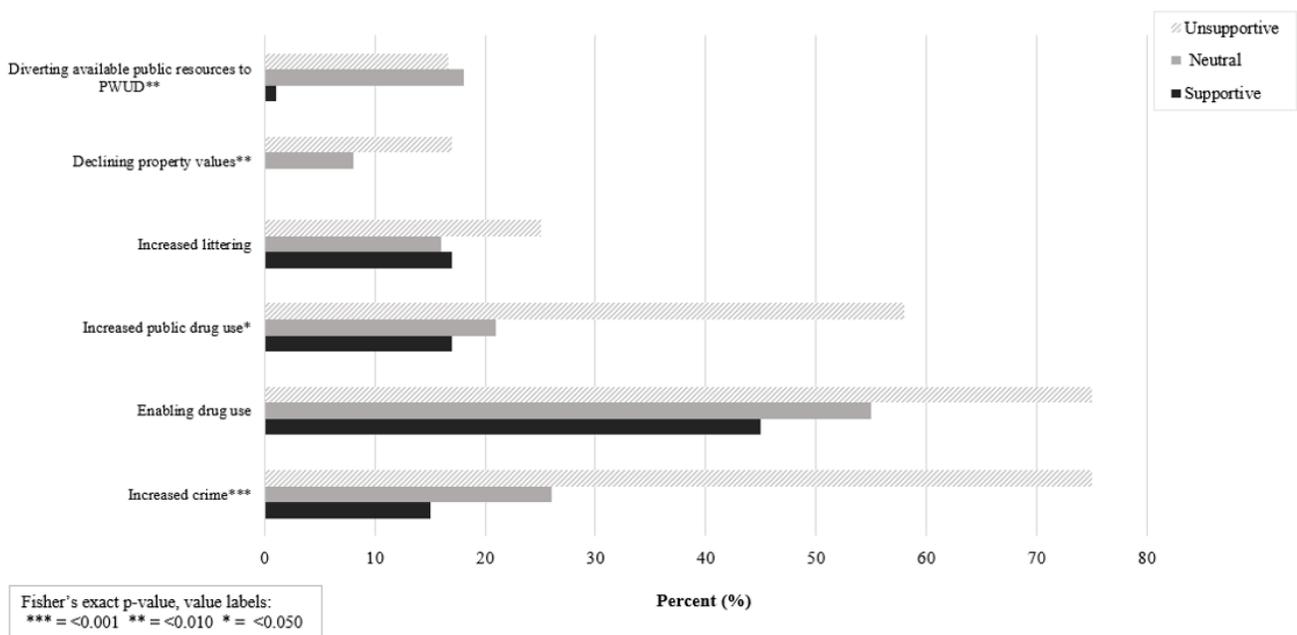


Figure 2

Cited consequences of OPC authorization and/or implementation among digitized U.S. news media articles ($N=119$).

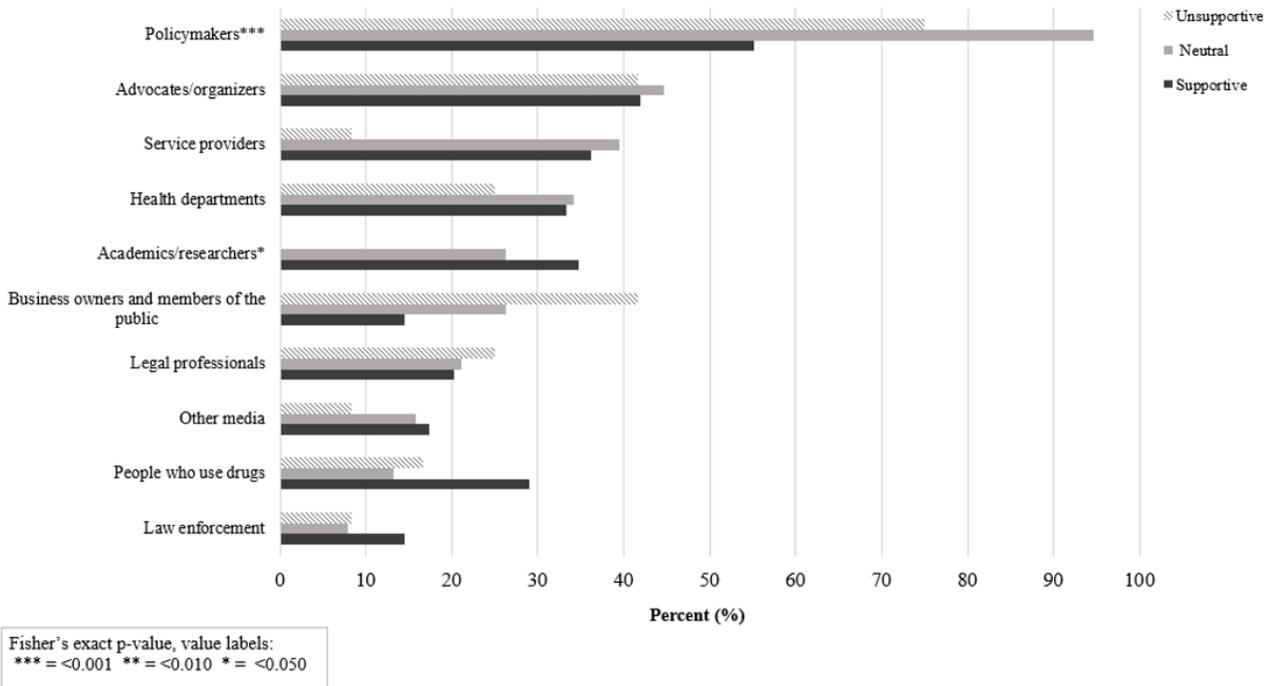


Figure 3

Sources cited/quoted in digitized U.S. news media articles focused on OPC authorization and/or implementation ($N=119$).