

Supervised consumption services: What does the evidence say?

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Views expressed herein are mine and do not necessarily reflect the position of any organization of which I am affiliated.

About me

Health services and policy researcher

RAH Inner City Health and Wellness Program

Core volunteer with *AMSISE*

Co-Chair of the Alberta Minister of Health's Opioid Emergency Response Commission (May 2017 – November 2019)

Currently leading a national study of SCS in Canada

Outline

- What are SCS?
- What does the evidence say?
- Edmonton's experience
- Conclusions

Public and semipublic drug use

- Physical, social and structural contexts shape harm
- Unhygienic physical spaces (alleys, bathrooms, parkades, etc.)
- Using drugs in public spaces associated with:
 - ↑ HIV and HCV transmission
 - ↑ Overdose risk
 - ↑ Victimization
 - ↓ Safer drug use practices
- Increased potential for public disorder and injection-related debris

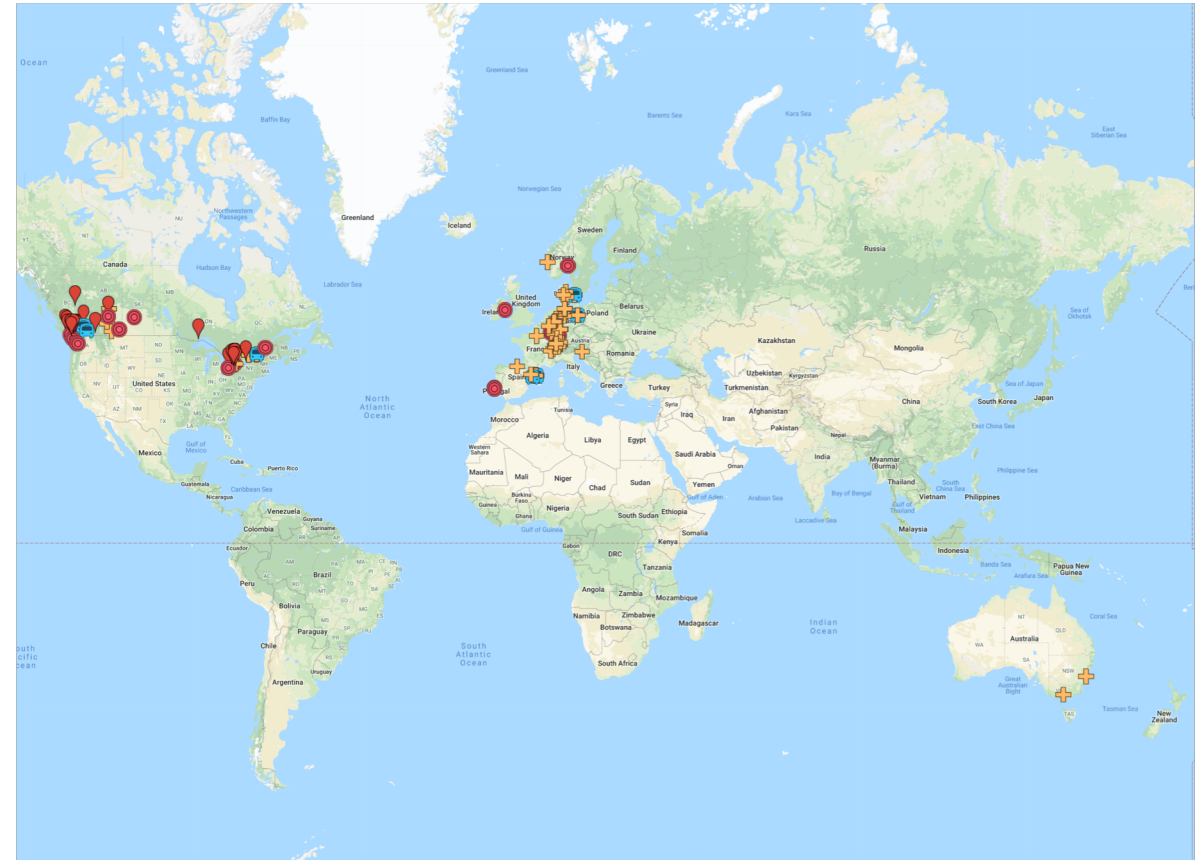




Supervised consumption services (SCS) developed as one public health strategy to reduce harms of public drug use.

History

- First official SCS established in Bern, Switzerland in 1986
- As of December 2018, there were 117 SCS operating in 11 different countries
- All are currently located in Europe, Australia or Canada
- Several more proposed



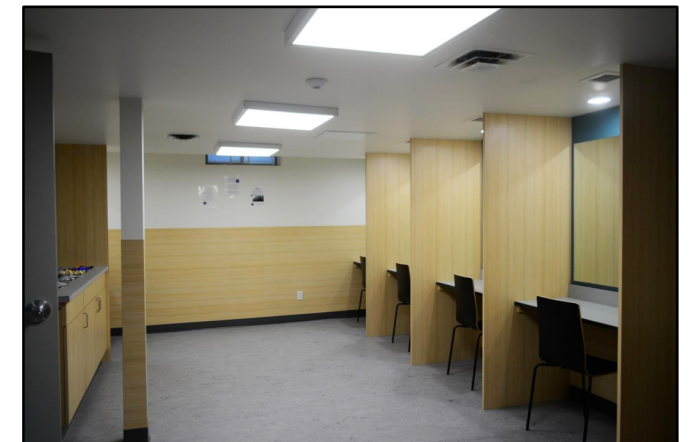
Source: International Network of Drug Consumption Rooms
https://www.google.com/maps/d/u/0/viewer?mid=1MEbZ_OJyO2GVvYrN7mN8aymx2LA&ll=19.881970822584986%2C19.599609375&z=3

Overview

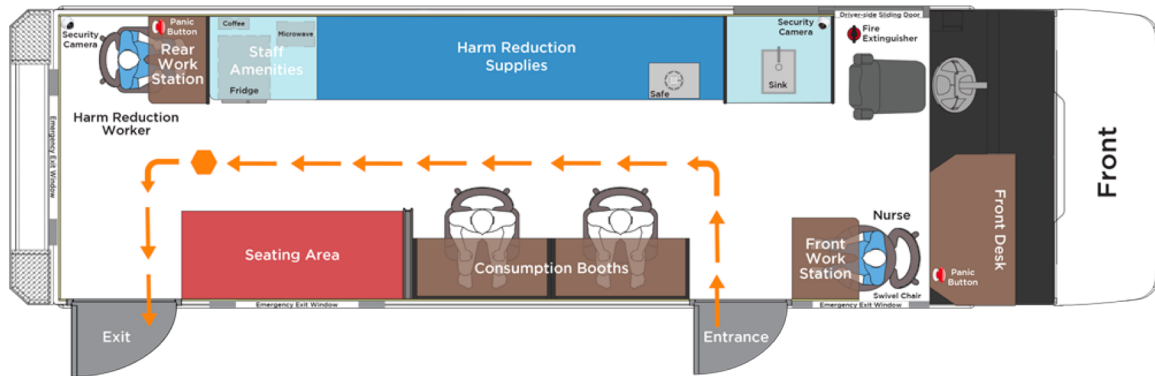
- Safe and sterile environments for people to consume illegal drugs
- Typically also offer other health + social supports
- Generally target areas where there is a pre-existing concentration of (public) substance use
- One or more modes of consumption
- In Canada, operators must hold a federal exemption



Lethbridge's
ARCHES
supervised
inhalation booths



Edmonton's Boyle McCauley
Health Centre SCS is
embedded within a primary
healthcare clinic



SCS models

- Fixed site, integrated, embedded, mobile
- Diverse staffing
- Often include direct access or referrals for:
 - Harm reduction services
 - Nursing and primary care
 - Mental health and addiction counselling and treatment
 - Social work and housing supports
 - Peer support
 - Drug-checking
 - Basic needs

Source: <https://www.iriamedical.com/consulting/mobile-injection-sites.htm>

Overdose prevention sites

- Lower threshold, flexible SCS models
 - Good for low volume or resource-constrained settings; or temporary need
- Can be quickly deployed
- Typically offer fewer services
- May be unsanctioned, and/or volunteer run
- Provinces/territories, municipalities, and health authorities can apply for a class exemption to allow OPS
- Widely implemented in BC following provincial declaration of overdose emergency in 2016

Blood Reserve opens overdose prevention site in response to opioid crisis



The safe consumption site now set up on the Kainai First Nation provides a place where people can consume substances in a safe environment while under medical supervision.

177 177

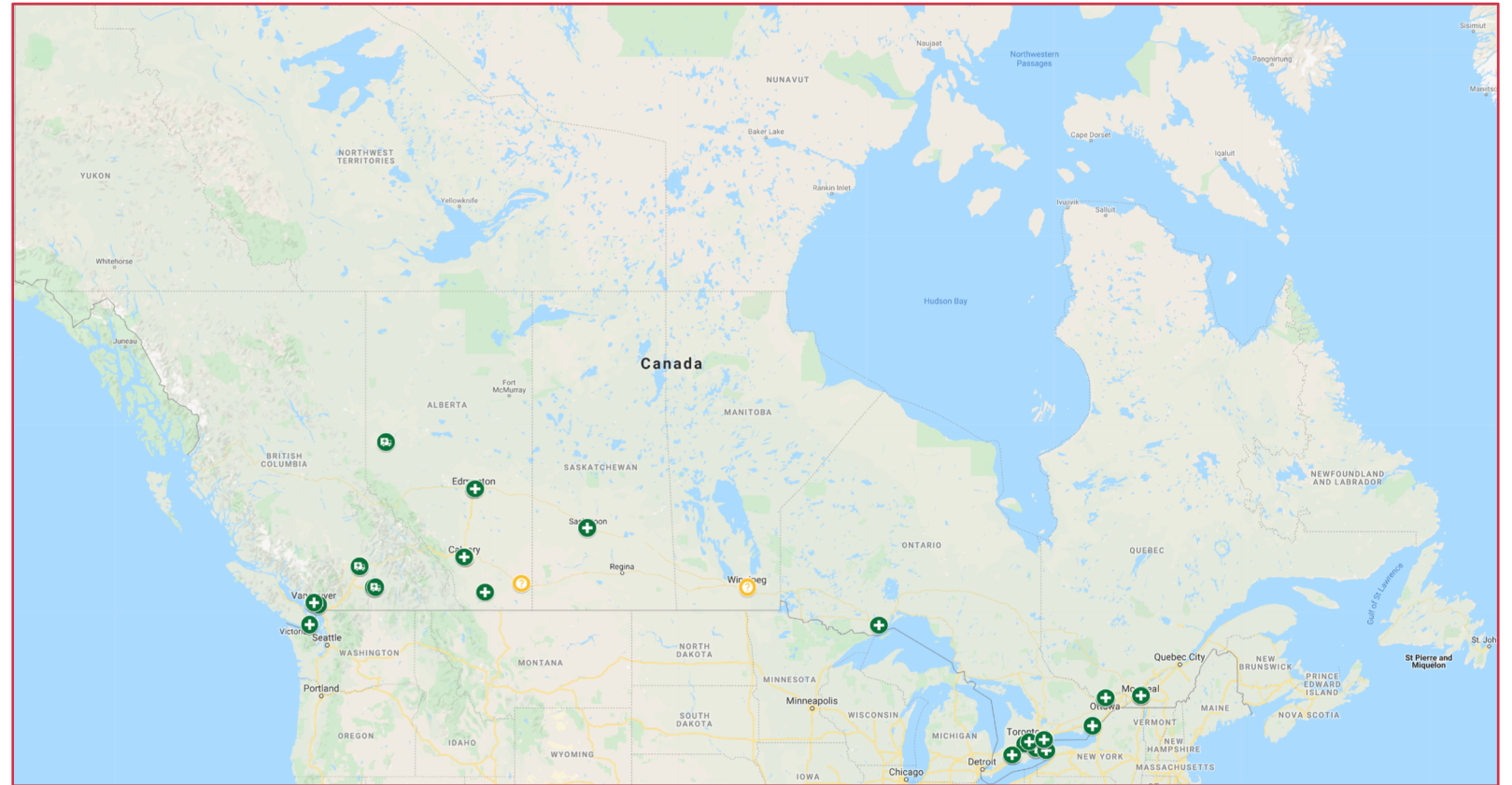
Michael Franklin, Web Producer
@CTVMFranklin

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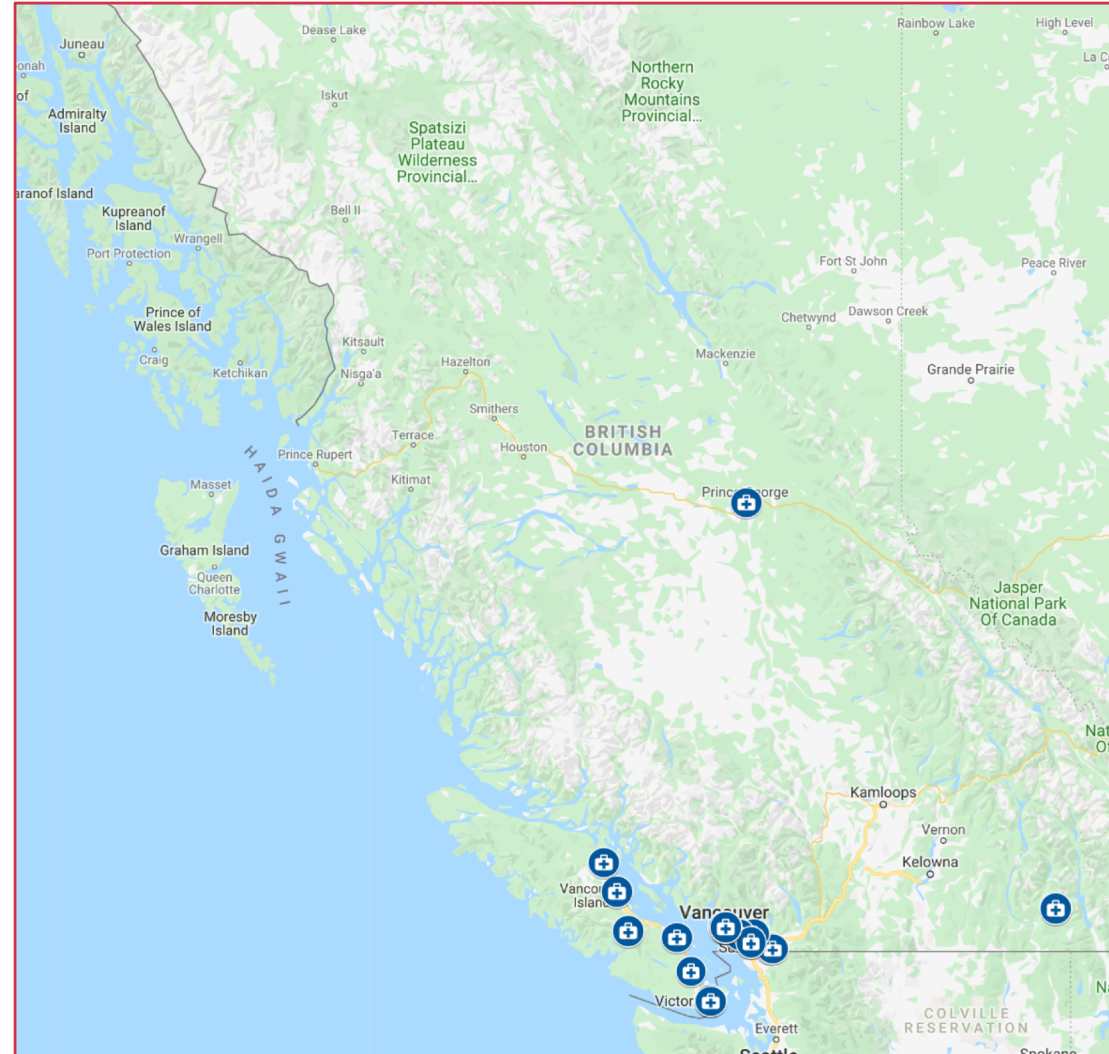
Canada currently has 42 federally-exempted SCS

- A number of other applications pending



Source: Pivot Legal Society; <https://www.google.com/maps/d/u/0/viewer?mid=1BwagVGlbE0OeFD5wvsPABrWcUeqtZ4-3&ll=50.3607506587883%2C-123.0556158121544&z=6>

~24 additional
overdose prevention
sites are currently
operating in British
Columbia



Source: Pivot Legal Society; <https://www.google.com/maps/d/u/0/viewer?mid=1BwagVGlbE0OeFD5wvsPABrWcUeqtZ4-3&ll=50.3607506587883%2C-123.0556158121544&z=6>

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SCS: What does the evidence say?

Scientific evidence

- Vast majority of evidence relates to supervised injection.
- Most recent and best quality systematic review published by Kennedy, Karamouzian, and Kerr (2017).
 - Included 47 studies from 6 countries
 - Majority of records (n = 38) originate from Insite (Canada) or Sydney's MSIC (Australia).

Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review

Mary Clare Kennedy^{1,2} · Mohammad Karamouzian^{1,3} · Thomas Kerr^{1,4}

Published online: 5 September 2017
© Springer Science+Business Media, LLC 2017

Abstract

Purpose of Review Supervised drug consumption facilities (SCFs) have increasingly been implemented in response to public health and public order concerns associated with illicit drug use. We systematically reviewed the literature investigating the health and community impacts of SCFs.

Recent Findings Consistent evidence demonstrates that SCFs mitigate overdose-related harms and unsafe drug use behaviours, as well as facilitate uptake of addiction treatment and other health services among people who use drugs (PWUD). Further, SCFs have been associated with improvements in public order without increasing drug-related crime. SCFs have also been shown to be cost-effective.

Summary This systematic review suggests that SCFs are effectively meeting their primary public health and order

objectives and therefore supports their role within a continuum of services for PWUD. Additional studies are needed to better understand the potential long-term health impacts of SCFs and how innovations in SCF programming may help to optimize the effectiveness of this intervention.

Keywords Supervised drug consumption facilities · Supervised injection facilities · Illicit drug use · Harm reduction · Systematic review

Introduction

Illicit drug use remains a major global public health concern and, in particular, is a key driver of HIV/AIDS and overdose epidemics [1–4]. Public drug use and public disposal of syringes are also community concerns in various settings, particularly in inner-city neighbourhoods [5]. In an effort to mitigate these challenges, supervised drug consumption facilities (SCFs) have been established in a number of cities worldwide [6, 7]. SCFs are healthcare facilities that provide sterile equipment and a safe and hygienic space for people who use drugs (PWUD) to consume pre-obtained illicit drugs under the supervision of nurses or other trained staff [7]. SCFs are also referred to as drug consumption rooms and include supervised injection facilities (SIFs), which accommodate people who inject drugs (PWID), and supervised inhalation rooms (SIRs), which accommodate people who inhale drugs.

Although SCFs vary in design and operational procedures, the aims of SCFs are similar across sites [8, 9]. Specifically, the primary objectives of SCFs are to attract higher-risk PWUD and to offer the following public health and public order benefits: (1) reduce the harms associated with illicit drug use, including fatal overdose

This article is part of the Topical Collection on *The Science of Prevention*

Electronic supplementary material The online version of this article (doi:10.1007/s11904-017-0363-y) contains supplementary material, which is available to authorized users.

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Reductions in overdose morbidity and mortality

- Research on Insite found that for city blocks within 500 m of the facility the overdose rate decreased by 35.0%
- Research from Sydney found declines in EMS calls and ED presentations for opioid poisoning, but no area-level impact on mortality.

(6/8 studies)

Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study

Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr

Summary

Background Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.

Findings Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32–48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area

Lancet 2011; 377: 1429–37
Published Online
April 18, 2011
DOI:10.1016/S0140-6736(10)62353-7

See [Comment](#) page 1385
British Columbia Centre for Excellence in HIV/AIDS (B D L Marshall PhD, M-J Milloy MSc, E Wood PhD, Prof J S G Montaner MD, T Kerr PhD), Faculty of Medicine (E Wood, J S G Montaner, T Kerr), School of Population and Public

Table 2. Overdose mortality rate in Vancouver between Jan 1, 2001, and Dec 31, 2005 (n=290), stratified by proximity to the SIF





| | ODs occurring in blocks within 500 m of the SIF [*] | | ODs occurring in blocks farther than 500 m of the SIF [*] | |
|---------------------------------------|--|---------------------|--|---------------|
| | Pre-SIF | Post-SIF | Pre-SIF | Post-SIF |
| Number of overdoses | 56 | 33 | 113 | 88 |
| Person-years at risk | 22 066 | 19 991 | 1 479 792 | 1 271 246 |
| Overdose rate (95% CI) [*] | 253.8 (187.3–320.3) | 165.1 (108.8–221.4) | 7.6 (6.2–9.0) | 6.9 (5.5–8.4) |
| Rate difference (95% CI) [*] | 88.7 (10.1–176.8) | .. | 0.7 (–1.3–2.7); p=0.490 | .. |
| Percentage reduction (95% CI) | 35.0% (0.0%–57.7%) | .. | 9.3% (–19.8% to 31.4%) | .. |

SIF=supervised injection facility. Pre-SIF period=Jan 1, 2001, to Sept 20, 2003. Post-SIF period=Sept 21, 2003, to Dec 31, 2005.

* Expressed in units of per 100 000 person-years.

Irvine et al. (2019)
Estimates that 230 deaths
were averted by overdose
prevention sites in BC between
April 2016 and December 2017

Modelling the combined impact of interventions in averting deaths during a synthetic-opioid overdose epidemic

Michael A. Irvine^{1,2} , Margot Kuo^{2,3}, Jane A. Buxton^{2,3}, Robert Balshaw⁴ , Michael Otterstatter², Laura Macdougall², M-J. Milloy⁵ , Aamir Bharmal⁶, Bonnie Henry⁷, Mark Tyndall^{2,3}, Daniel Coombs^{1*}  & Mark Gilbert^{2,3*}

Institute of Applied Mathematics, University of British Columbia, Vancouver, BC, Canada,¹ British Columbia Centre for Disease Control, Vancouver, BC, Canada,² School of Population and Public Health, University of British Columbia, BC, Canada,³ George and Fay Yee Centre for Healthcare Innovation, University of Manitoba, Winnipeg, MB, Canada,⁴ British Columbia Centre on Substance Use, Vancouver, BC, Canada,⁵ Fraser Health, Surrey, British Columbia, Canada⁶ and Ministry of Health, Victoria, British Columbia, Canada⁷

Reductions in syringe sharing

- Research from Vancouver and Barcelona found decreases in syringe sharing with SCS use
- Kerr et al. 2005:
 - Cross-sectional survey research found that regular Insite users were 70% less likely to report borrowing or lending used syringes than non-attenders.

(3/4 studies)



Safer injection facility use and syringe sharing in injection drug users

Thomas Kerr, Mark Tyndall, Kathy Li, Julio Montaner, Evan Wood

Lancet 2005; 366: 316–18

Published online

March 18, 2005

<http://image.thelancet.com/extras/04let9110web.pdf>

See [Comment](#) page 271

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Safer injection facilities provide medical supervision for illicit drug injections. We aimed to examine factors associated with syringe sharing in a community-recruited cohort of illicit injection drug users in a setting where such a facility had recently opened. Between Dec 1, 2003, and June 1, 2004, of 431 active injection drug users 49 (11·4%, 95% CI 8·5–14·3) reported syringe sharing in the past 6 months. In logistic regression analyses, use of the facility was independently associated with reduced syringe sharing (adjusted odds ratio 0·30, 0·11–0·82, $p=0·02$) after adjustment for relevant sociodemographic and drug-use characteristics. These findings could help inform discussions about the merits of such facilities.

Vancouver, Canada, like many urban centres, has been the site of continuing HIV and overdose epidemics in illicit injection drug users.¹ In response to these public health problems, health officials in Vancouver opened North America's first medically supervised safer injection facility in September, 2003.^{1,2} As previously described,¹ injection drug users in the facility can access sterile injecting equipment, inject preobtained illicit drugs under the supervision of nurses, and access nursing care and addictions counselling. Although such

such as syringe sharing.^{1,3,4} In Vancouver, a continuing prospective cohort study of injection drug users allowed us to examine factors associated with syringe sharing in local users after the opening of the safer injection facility.

We obtained data for these analyses from the Vancouver Injection Drug Users Study,⁵ a prospective cohort that has been described previously. The study has been approved by the University of British Columbia and Providence Health Care ethics review boards, and all study participants provided written consent before

Increased uptake into detox and treatment

- Research from Vancouver supports role of SCS as a connector to treatment
- Wood et al. 2007:
 - SCS use associated with a 30% increase in detoxification service use.
 - Detoxification predicted earlier entry into addiction treatment, and subsequent declines in SCS use.
- Research from Sydney found that frequent SCS use was associated with treatment referral, but not uptake.

(4/5 studies)

RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.01818.x

Rate of detoxification service use and its impact among a cohort of supervised injecting facility users

Evan Wood^{1,2}, Mark W. Tyndall^{1,2}, Ruth Zhang¹, Julio S. G. Montaner^{1,2} & Thomas Kerr^{1,2}

British Columbia Centre for Excellence in HIV/AIDS, St Paul's Hospital¹ and Department of Medicine, University of British Columbia, Canada²

ABSTRACT

Background Vancouver, Canada recently opened a medically supervised injecting facility (SIF) where injection drug users (IDU) can inject pre-obtained illicit drugs. Critics suggest that the facility does not help IDU to reduce their drug use. **Methods** We conducted retrospective and prospective database linkages with residential detoxification facilities and used generalized estimating equation (GEE) methods to examine the rate of detoxification service use among SIF participants in the year before versus the year after the SIF opened. In secondary analyses, we used Cox regression to examine if having been enrolled in detoxification was associated with enrolling in methadone or other forms of

Reductions in public drug use and improperly discarded syringes

- 5 studies from Vancouver, Sydney and Barcelona reported evidence that SCS reduced public disorder (5/6 studies)

Research

Recherche

Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users

Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner, Mark W. Tyndall

Abstract

Background: North America's first medically supervised safer injecting facility for illicit injection drug users was opened in Vancouver on Sept. 22, 2003. Although similar facilities exist in a number of European cities and in Sydney, Australia, no standardized evaluations of their impact have been presented in the scientific literature.

Methods: Using a standardized prospective data collection protocol, we measured injection-related public order problems during the 6 weeks before and the 12 weeks after the opening of the safer injecting facility in Vancouver. We measured changes in the number of drug users injecting in public, publicly discarded syringes and injection-related litter. We used Poisson log-linear regression models to evaluate changes in these public order indicators while considering potential confounding variables such as police presence and rainfall.

Results: In stratified linear regression models, the 12-week period after the facility's opening was independently associated with reductions in the number of drug users injecting in public ($p < 0.001$), publicly discarded syringes ($p < 0.001$) and injection-related litter ($p < 0.001$). The predicted mean daily number of drug users injecting in public was 4.3 (95% confidence interval [CI] 3.5–5.4) during the period before the facility's opening and 2.4 (95% CI 1.9–3.0) after the opening; the corresponding predicted mean daily numbers of publicly discarded syringes were 11.5 (95% CI 10.0–13.2) and 5.4 (95% CI 4.7–6.2). Externally compiled statistics from the city of Vancouver on the number of syringes discarded in outdoor safe disposal boxes were consistent with our findings.

Interpretation: The opening of the safer injecting facility was independently associated with improvements in several measures of public order, including reduced public injection drug use and public syringe disposal.

CMAJ 2004;171(7):731-4

DOI:10.1503/cmaj.104774
Many cities are experiencing epidemics of blood-borne diseases as a result of illicit injection drug use,¹⁻³ and drug overdoses have become a leading cause of death in many urban areas.⁴⁻⁶ Public drug use also plagues many inner city neighbourhoods, and the unsafe disposal of syringes in these settings is a major community concern.⁷⁻¹¹

In over 2 dozen European cities and, more recently, in Sydney, Australia, medically supervised safer injecting facilities,

where injection drug users (IDUs) can inject previously obtained illicit drugs under the supervision of medical staff, have been established in an effort to reduce the community and public health impacts of illicit drug use.¹² Inside these facilities IDUs are typically provided with sterile injecting equipment, emergency care in the event of overdose, as well as primary care services and referral to addiction treatment.^{13,14} Although anecdotal reports have suggested that such sites may improve public order,¹⁵ reduce the number of deaths from overdose¹⁶ and improve access to care,¹⁷ no standardized evaluations of their impact are available in the scientific literature.¹⁸

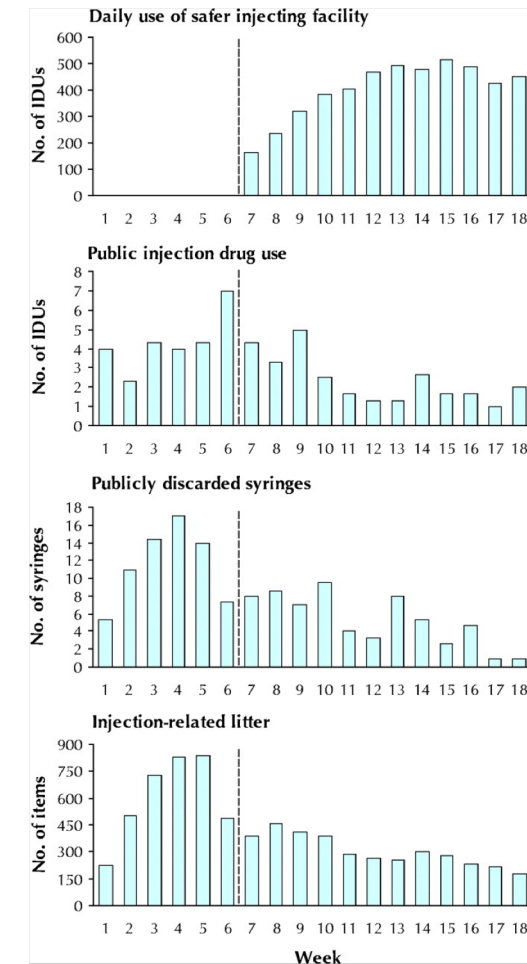
On Sept. 22, 2003, health officials in Vancouver opened a government-sanctioned safer injecting facility as pilot project. The facility, the first in North America, is centrally located in Vancouver's Downtown Eastside, which is the most impoverished urban neighbourhood in Canada and home to well-documented overdose and HIV epidemics among the estimated 5000 IDUs who reside there.^{19,20} Federal approval for the 3-year project was granted on the condition that the health and social impacts of the facility be rigorously evaluated. Although evaluation of the facility's impact on certain outcomes (e.g., HIV incidence) is ongoing and will take several years, it is now possible to examine the impacts of the site on public order. Therefore, we conducted this study to test the hypothesis that changes in improperly discarded syringes and public drug use would be observed after the opening of the safer injecting facility.

Methods

The present study was designed before the opening of the safer injecting facility in Vancouver's Downtown Eastside and involved standardized data collection protocols that were developed before the surveyor was trained and before the study protocol was implemented in the field. The city of Vancouver's activities for collecting used syringes were not modified during the study period, to avoid this potential source of confounding. The study design was approved by the University of British Columbia / Providence Healthcare Research Ethics Board more than 3 months before the opening of the safer injecting facility.

The survey protocol involved measuring specified public order indicators within a predefined geographic area and at predefined times of the week during the 6 weeks before and the 12 weeks after

Mean daily numbers of people who visited Vancouver's SCS, people who injected in public, publicly discarded syringes and injection-related litter counted during the 6 weeks before and the 12 weeks after the SCS opened.



No impact on crime

- Four studies from Sydney and one from Vancouver found no increase in police recorded drug crimes, thefts, or assaults.
- An additional Vancouver study found no link between frequent SCS use and recent incarceration.

(6/6 studies)

The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime

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Abstract

The current study aimed to model the effect of Australia's first Medically Supervised Injecting Centre (MSIC) on acquisitive crime and loitering by drug users and dealers. The effect of the MSIC on drug-related property and violent crime was examined by conducting time series analysis of police-recorded trends in theft and robbery incidents, respectively. The effect of the MSIC on drug use and dealing was examined by (a) time series analysis of a special proxy measure of drug-related loitering; (b) interviewing key informants; and (c) examining trends in the proportion of Sydney drug offences that were recorded in Kings Cross. There was no evidence that the MSIC trial led to either an increase or decrease in theft or robbery incidents. There was also no evidence that the MSIC led to an increase in 'drug-related' loitering at the front of the MSIC after it opened, although there was a small increase in 'total' loitering (by 1.2 persons per occasion of observation). Trends in both 'drug-related' and 'total' loitering at the front of the MSIC steadily declined to baseline levels, or below, after it opened. There was a very small but sustained increase in 'drug-related' (0.09 persons per count) and 'total' loitering (0.37 persons per count) at the back of the MSIC after it opened. Key informant interviews noted an increase in loitering across the road from the MSIC but this was not attributed to an influx of new users and dealers to the area. There was no increase in the proportion of drug use or drug supply offences committed in Kings Cross that could be attributed to the opening of the MSIC. These results suggest that setting up an MSIC does not necessarily lead to an increase in drug-related problems of crime and public loitering. [Freeman K, Jones CGA, Weatherburn DJ, Rutter S, Spooner CJ, Donnelly N. The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime *Drug Alcohol Rev* 2005;24:173–184]

Key words: Medically Supervised Injecting Centre, crime, loitering, drug dealing, time series analysis, heroin shortage.

Cost-effectiveness

- Research from Vancouver indicates that SCS are cost-effective
- Various studies quantify savings associated with averted HIV and deaths
- Range of findings: estimate savings of \$200,000 - \$6 million per year

(6/6 studies)



‘Consistent evidence demonstrates effectiveness of SCS for achieving positive public health and public order outcomes’

- Other systematic reviews (Potier et al. 2014; Hedrich et al. 2007) have arrived at similar conclusions
- Not a single recorded death at an SCS globally.





Edmonton's experience implementing SCS

Access to Medically Supervised Injection Services in Edmonton (AMSISE)

- Formed at start of 2012
- 25 participating organizations
- Activities:
 - dozens of one-on-one stakeholder meetings
 - survey of 320 people who use drugs in Edmonton
 - business case
 - media engagement
 - comprehensive community engagement



AMSISE's integrated model of care

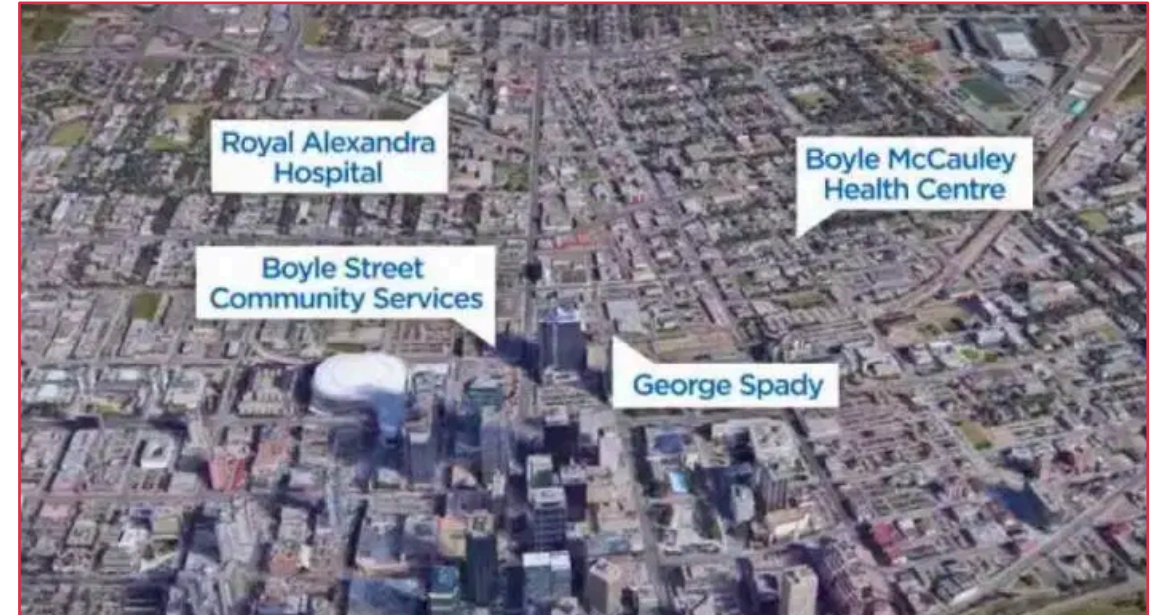
Integrated SCS into 4 existing organizations

Smaller scale services (3-5 booths)

24/7 coverage

Entry point to wrap around health and social care

Peer support, nurses, addiction counsellors and social workers all part of staffing models



Edmonton's four SCS opened in 2018:

- March 31: Boyle Street Community Services
- April 2: Royal Alexandra Hospital
- April 23: George Spady Society
- November 5: Boyle McCauley Health Centre



Boyle Street Community Services

- Drop in centre with housing, employment, cultural, health, family and social supports
- SCS hours:
 - 8:30 am – 8:30 pm
 - 7 days/week
- 5 drug consumption booths
- Injection, oral and intranasal use permitted



George Spady Society

- Overnight shelter, detox, health and social supports
- SCS hours:
 - 8:30 pm – 8:00 am
 - 7 days/week
- 3 drug consumption booths
- Injection, oral and intranasal use permitted



Boyle McCauley Health Centre

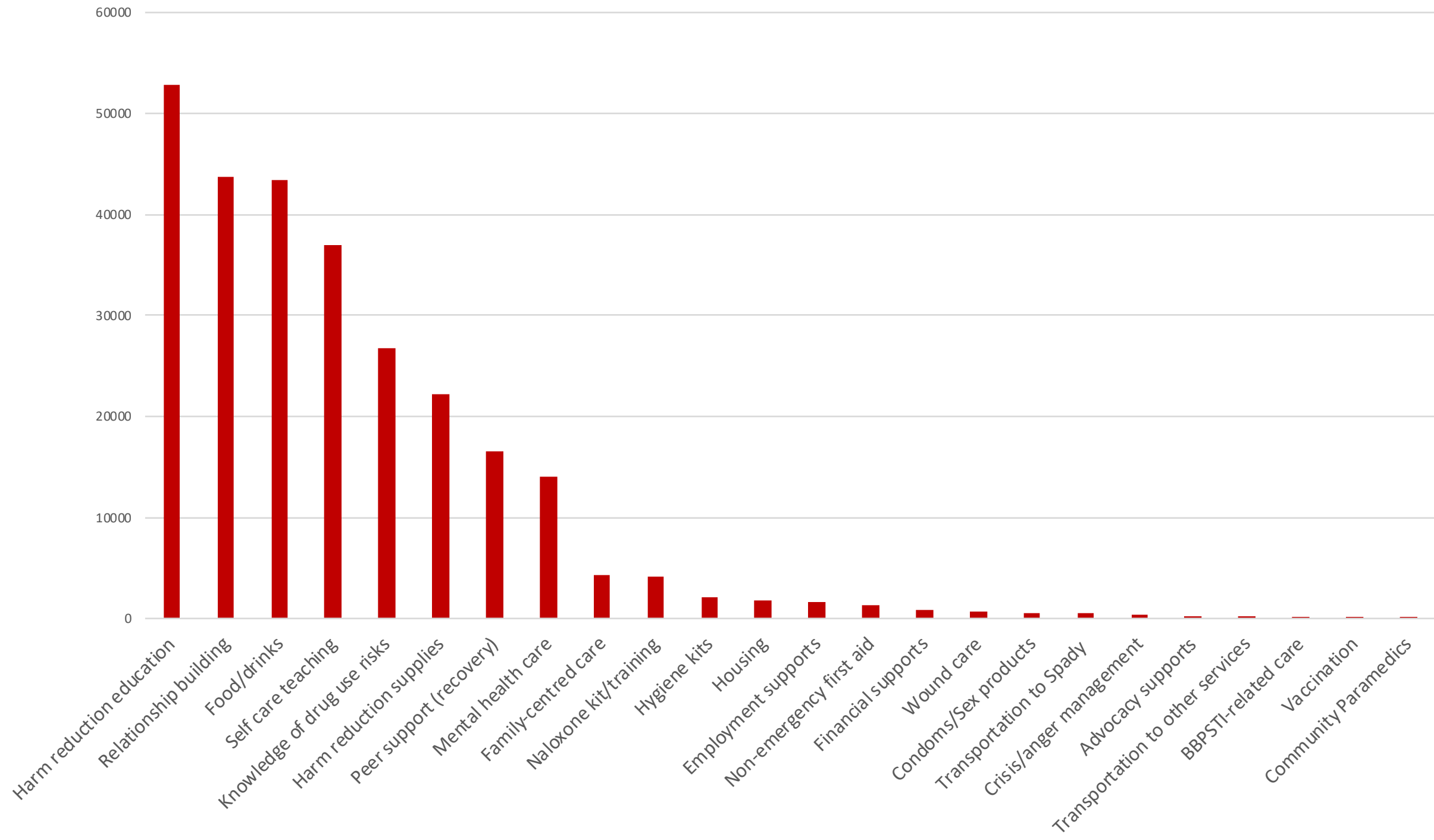
- Community health centre; medical services and social supports
- SCS hours:
 - 8:30 am – 8:30 pm M-Th
 - 8:30 am – 2:30 pm Fri
 - 9:00 am – 1:00 pm Sat
- 5 drug consumption booths
- Injection, oral and intranasal use permitted

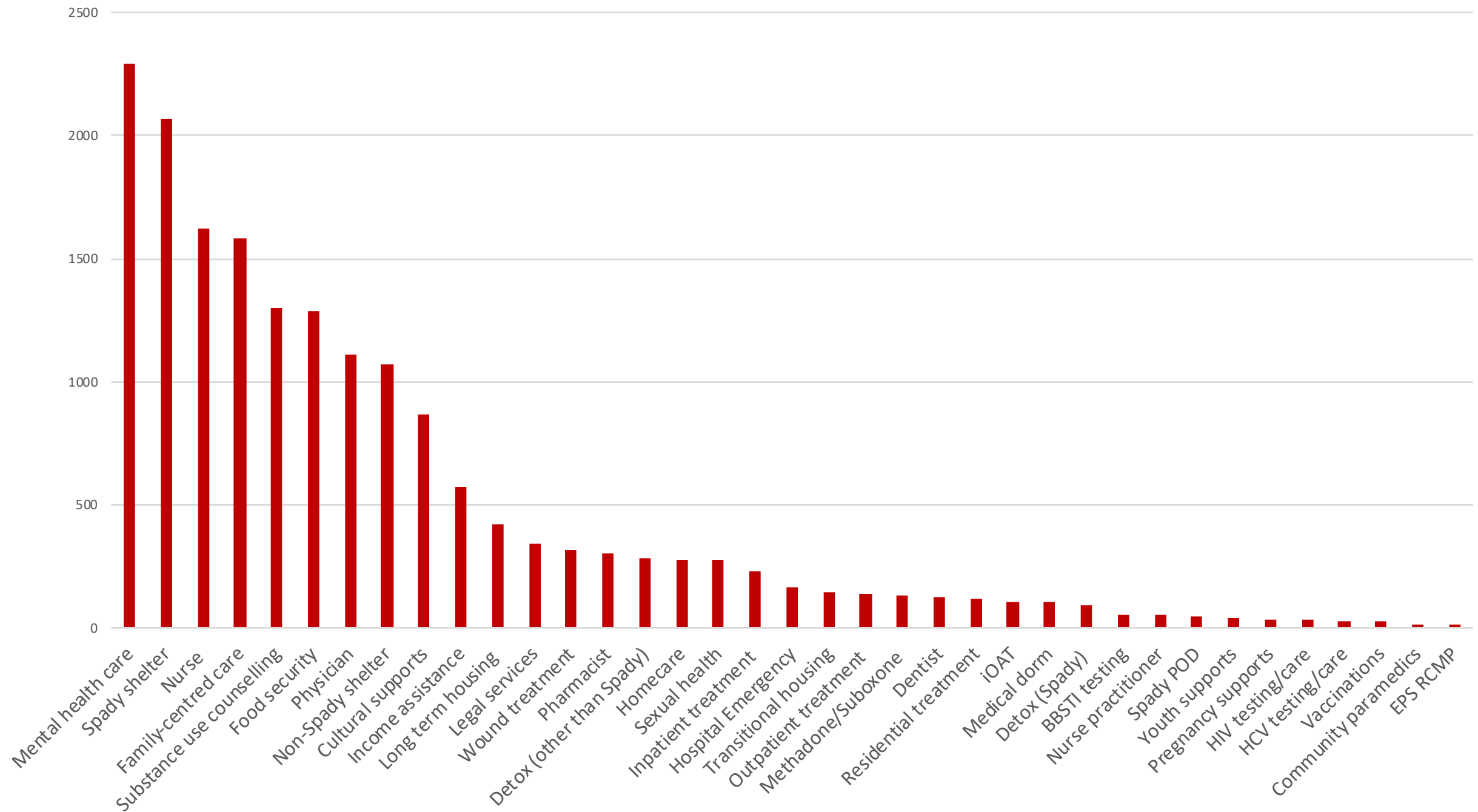
Community impacts

- 78,600 visits to 3 community SCS*
 - 65% opioids consumed
 - 38% stimulants consumed
- 2,029 unique individuals
 - 66% male
 - 53% Indigenous
 - Average age is 38
 - 20% have visited all three SCS
- 798 overdoses reversed

*as of Nov 10, 2019







Crime

- EPS have been monitoring crime around the SCS
- Comprehensive report compiled in September 2019
- *“our observations and data indicate these facilities, collectively, have not increased crime or disorder in the surrounding community [...] it is hard to argue against the social, moral, and ethical value of a facility that exists to keep people alive.”*
- Emphasize that more work is needed to improve the continuum of supports available

Fewer calls for police help near downtown Edmonton safe injection sites



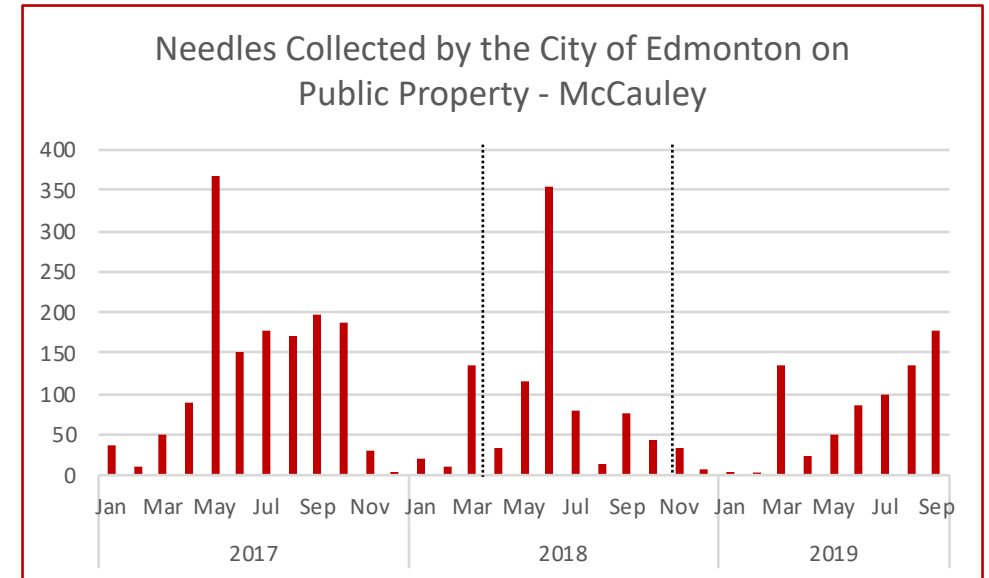
'What we've seen is a reduction in crime severity in and around the supervised consumption sites as well'

CBC News · Posted: Nov 20, 2019 5:38 PM MT | Last Updated: November 20



Calls for service around the safe injection site at Boyle McCauley Health Centre are down 36 per cent since it opened last November, say Edmonton police. (CBC)

- Central McDougall - Boyle Street Community Services
 - Stable except for a spike in 2018
- McCauley – George Spady and Boyle McCauley
 - Cumulative decrease
- City wide: improperly discarded syringes decreased by 45% in 2018, have not increased in 2019



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SCS at the Royal Alexandra Hospital

Advancing patient-centered care for structurally vulnerable drug-using populations: a qualitative study of the perspectives of people who use drugs regarding the potential integration of harm reduction interventions into hospitals

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ABSTRACT

Aims To explore the perspectives of structurally vulnerable people who use drugs (PWUD) regarding: (1) the potential integration of harm reduction interventions (e.g. supervised drug consumption services, opioid-assisted treatment) into hospitals; and (2) the implications of these interventions for patient-centered care, hospital outcomes and drug-related risks and harms. **Design** Semi-structured qualitative interviews. **Setting** Vancouver, Canada. **Participants** Thirty structurally vulnerable PWUD who had been discharged from hospital against medical advice within the past 2 years, and hospitalized multiple times over the past 5 years. **Measurements** Semi-structured interview guide including questions to elicit perspectives on hospital-based harm reduction interventions. **Findings** Participant accounts highlighted that hospital-based harm reduction interventions would promote patient-centered care by: (1) prioritizing hospital care access and risk reduction over the enforcement of abstinence-based drug policies; (2) increasing responsiveness to subjective health needs (e.g. pain and withdrawal symptoms); and (3) fostering 'culturally safe' care. **Conclusions** Hospital-based harm reduction interventions for people who use drugs, such as supervised drug consumption services and opioid-assisted treatment, can potentially improve hospital care retention, promote patient-centered care and reduce adverse health outcomes among people who use drugs.

Keywords Drug users, harm reduction, health services, hospitals, patient-centered care, qualitative.

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Integrating SCS into acute care

- Approximately 44% of people who inject drugs report injecting while hospitalized. (Grewal et al. 2014)
- Many factors contribute to substance use in hospital
- Hospitals represent a *high risk environment* for people who use substances
- When abstinence is not possible, it is not ethical to ignore other available means of reducing suffering
- Should not be easier to access evidence-based health interventions in the community than in the hospital
- Local research indicated potential for inpatient SCS to reduce risks



Located north of downtown in health services catchment with high degree of social marginalization

> 1 million patient visits annually

72, 500 ED Visits

846 Acute care beds

One of Canada's biggest and busiest acute care hospitals

Addiction Recovery and Community Health (ARCH) Team

- Implemented in 2014
- Multidisciplinary addiction medicine team
- Inpatient consultation service, and transitional/post-discharge + ED-based outpatient clinics
- Includes physicians with addiction medicine expertise, nurse practitioners, addiction counsellors, peer support workers, social workers, nurses, and a pharmacist
- Operates under a harm reduction philosophy





Royal Alexandra Hospital SCS

- North America's first formal SCS for acute care inpatients
- Designed to improve patient and staff safety
- Provides injection supplies and safe disposal facilities, education, and medical treatment for unintentional overdose
- Vast majority of those accessing the service are connected to the ARCH team, and referred by them
- SCS roll out accompanied by large staff education campaign and supportive health authority-level policy

RAH SCS uptake and outcomes

- ~20% of ARCH patients who report current drug use use the SCS during their stay
- June 1 2018 – May 31 2019:
 - 2,924 SCS visits
 - 122 unique patients
 - 21 overdoses
 - Zero deaths
 - 85% opioids
- Currently completing process evaluation
- Integrated injectable hydromorphone program
- Recently opened up SCS to patients from the ED



The background of the slide features a repeating pattern of horizontal stripes in four colors: orange, pink, yellow, and purple. Overlaid on these stripes are large, solid-colored circles in the same four colors, arranged in a staggered grid pattern. The word "Conclusions" is centered in a white, sans-serif font.

Conclusions

Health Canada approves four Edmonton safe drug injection sites

Health Canada has approved the four locations proposed for supervised drug consumption sites in Edmonton.

KEITH GERIEIN Updated: October 18, 2017



Chinatown business association asks court to overturn safe injection site approvals

The Chinatown and Area Business Association has filed a court application to overturn approval of three inner city safe injection sites.

PAIGE PARSONS Updated: November 23, 2017



CANADA

Federal court dismisses request for judicial review of 3 Edmonton supervised injection sites

BY EMILY MERTZ • GLOBAL NEWS
Posted February 28, 2019 7:03 pm
Updated March 7, 2019 11:03 am



WATCH ABOVE: The federal court has dismissed an application from businesses in Edmonton's Chinatown area to amalgamate the area's three supervised consumption sites. Sarah Kraus explains.

POLITICS

Reports of needles have dropped since opening of Edmonton's supervised consumption sites

BY JULIA WONG • GLOBAL NEWS
Posted January 30, 2019 6:27 pm
Updated January 31, 2019 3:31 pm



WATCH ABOVE: Reports of discarded needles in Edmonton are down overall since the opening of supervised consumption sites. Julia Wong reports.

Edmonton's supervised consumption sites 'making an impact' in first year



Crime rates are stable in neighbourhoods where sites have opened, police say

Josee St-Onge • CBC News • Posted: Jul 10, 2019 7:00 AM MT | Last Updated: July 10



Boyle Street Community Services houses one of Edmonton's three supervised consumption sites. (Josee St-Onge/CBC)



SCS - key points

- Evidence-based, widely-implemented
- Prevent death and other reduce health risks
- Important access point to an often unwelcoming health system
- Multisectoral collaboration and cooperation key
- SCS are a critical service; but not a panacea

Questions?

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