OPC RECOMMENDATION ON SUPERVISED CONSUMPTION SITES

QUESTION: How should supervised consumption sites be implemented in Alberta?

SUMMARY:
Deaths due to opioid poisoning are at epidemic levels in Alberta and continuing to increase to unprecedented levels. In-person supervised consumptions sites (SCS) and services save lives, prevent disease and benefit communities. They also connect people to health and social services and are valuable as a pathway to treatment. Use of in-person SCS provides an excellent chance of protection against drug poisoning death. SCS must be considered a necessary component of publicly funded health care.

DEFINITIONS:
Supervised consumptions sites are safe and clean places where people can bring their own drugs (ideally for injection or inhalation, oral or intranasal use) in the presence of trained staff who can resuscitate in the case of a poisoning event[i]. For maximum benefit such sites may provide other harm reduction services such as drug toxicity checking and sterile drug use supplies. They can also provide peer support and access to important health and social services such as a "warm handoff" into substance use treatment for those who are interested. For this recommendation, we include Overdose Prevention Sites (OPS)—lower barrier sites that are created on an emergency basis to meet evolving consumption and response needs within the community—within a broader definition of SCS.

ACTION:

1. The provincial government should review the evidence on drug poisoning deaths, hospitalizations and emergency room visits to conduct a needs analysis for the number and locations of supervised consumption sites.
    a. A key requirement to achieving the potential benefits of SCS is ensuring access for as many of those who need it as possible and locating them as close as possible since it has been shown that people who use drugs do not travel a long distance to access SCS (the corollary being that an SCS site will not attract large numbers of users from far away, to the area of the SCS.)
2. In addition to or in the absence of provincial action, local jurisdictions, organizations and/or individual providers who identify a need for supervised consumption site(s) in their communities should be provided with resources and funding to develop a model tailored to local needs. This includes involving and reimbursing people who use drugs in the design, implementation and monitoring of the program
3. Local jurisdictions should evaluate the feasibility and need for integrating services into existing health and social services including those for specific populations, e.g. Indigenous, immigrant etc. These could include services tailored to individual needs and preferences, such as
    a. access to new, unused drug use equipment and a place to safely dispose of items, such as needles, after use
    b. drug checking to detect if drugs contain other more harmful substances
    c. emergency medical care in case of overdose, cardiac arrest or allergic reaction

12230 106 Ave NW, Edmonton, AB, T5N 3Z1
zmsaadmin@albertadoctors.org

   d. basic health services, such as wound care
   e. testing for infectious diseases like HIV, hepatitis C and sexually transmitted infections (STIs)
   f. access to health care providers and support staff, including mental health treatment
   g. education on reducing the harms associated with drug use, e.g. safer consumption practices and safer sex
   h. access to medications to treat opioid use disorder with the oversight of a healthcare provider
   i. referrals for drug treatment, rehabilitation and other health services
   j. access or referrals to social services such as housing or employment supports
4. Areas in which mobile services may be required to reach underserved populations should be identified.
5. Consultation with rural and Indigenous communities should occur to identify strategies for the location and delivery of supervised consumption sites that preserve privacy and allow culturally appropriate practices to be incorporated e.g. counseling by elders, on the land consumption sites.
6. SCS should be offered as a low-barrier support, with the elimination of unnecessary barriers to service (e.g. provision of personal health number or other identifiers in the context of ongoing drug criminalization).
7. SCS facilities must endeavor to include facilities for inhalation. Data are limited, but opioid and stimulant use, and related drug poisoning events, often occur by inhalation rather than injection. Since the inhalation route reduces viral and bacterial infection risks available services should not favour injection over inhalation. e.g. consider attaching inhalation tents to SCS facilities.
8. Virtual supervised use options (e.g., DORS, NORS) have been proposed but require determination of program elements such as realistic EMS response times and robust evaluation of outcomes by comparison with the alternative of in-person supervised consumption sites.

EVIDENCE:

Use of SCS[ii]:

- Enables immediate, effective response to drug poisoning events (not always possible with virtual overdose response strategies), and provides expertise to address complexities such as the effect of benzodiazepine contaminants (e.g. ability to maintain an airway).
- Eliminates mortality when overdose occurs in a SCS.
- Reduces need for EMS involvement, Emergency Department utilization and hospitalization.
- Reduces unsafe injection-related behaviours associated with transmission of blood borne viruses such as hepatitis C and HIV[iii,iv].
- Reduces unsafe injecting behaviours and improves unsafe injecting environments associated with serious bacterial infections such soft tissue, bone and joint, blood stream and cardiac

12230 106 Ave NW, Edmonton, AB, T5N 3Z1
zmsaadmin@albertadoctors.org

infections which in turn are associated with substantial illness and death and very costly health care service utilization[iii].

- Provides opportunity to connect with peers and staff and develop trusting relationships to help moderate drug use and provide motivation and opportunity to engage in care.
- Provides a critical opportunity to connect and engage clients with a wide range of social and health services such as housing assistance and preventive and therapeutic medical care.
- Provides a unique opportunity to engage clients in treatment such as opioid agonist therapy, for opioid use disorder, when the client is eligible and interested.
- Reduces perceived social disorder such as public drug use and discarded drug equipment.
- Reduces strain on emergency medical services.

CONTEXT:

- Drug poisoning deaths in Alberta have increased dramatically during the COVID-19 pandemic (from 800 in 2019 to 1,771 in 2021)[v].
- This is in large part due to increasing toxicity in the illegal drug market[vi]; most deaths in the past five years did not involve a prescription[vii].
- Supervised consumption sites have been widely implemented and well studied and are known to prevent deaths and serious outcomes, including hospitalization even when the drug supply is not toxic.
- The services offered at supervised consumption sites can provide synergistic benefits e.g. assistance with obtaining income supports and housing.
- A legacy of chemical control exists for many people who use drugs, including the racialized and colonized; people who use drugs should share in any decision-making about the models implemented to address this legacy (self-determination)[viii].

REFERENCES:

[i] Health Canada, accessed January 16, 2022. https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html

[ii] Kennedy MC, Karamouzian M, Kerr T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep* 2017 Oct;14(5):161-183. doi: 10.1007/s11904-017-0363-y.

[iii] Milloy J, Wood E. Emerging Role of Supervised Injecting Facilities in Human Immunodeficiency Virus Prevention. *Addiction* 104, no. 4 (April 2009): 620. https://doi-org.login.ezproxy.library.ualberta.ca/10.1111/j.1360-0443.2009.02541.x

[iv] Andresen MA, Boyd NA. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy 2010:21*,70-76

[v] Alberta Substance Use Surveillance Dashboard, accessed January 16, 2022.

[vi] Canadian Centre on Substance Use and Addiction, accessed January 16, 2022. https://www.ccsa.ca/changes-related-covid-19-illegal-drug-supply-and-access-services-and-resulting-health-harms

12230 106 Ave NW, Edmonton, AB, T5N 3Z1
zmsaadmin@albertadoctors.org

[vii] Gomes T, Murray R, Kolla G, Leece P, Kitchen S, Campbell T, et al. Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario. 2022: Ontario Drug Policy Research Network.
[viii] Halseth R, Murdock L. Supporting Indigenous self-determination in health: Lessons learned from a review of best practices in health governance in Canada and internationally. 2020: National Collaborating Centre for Indigenous Health.

12230 106 Ave NW, Edmonton, AB, T5N 3Z1
zmsaadmin@albertadoctors.org