

Supervised Consumption Sites

Tali Magboo Cahill, RN MSN

About me

- Advanced Practice Nurse,
Royal Ottawa Mental Health Care Group
- Community Health Nurse, Sandy Hill Community Health Centre
- Eastern Canada Board Rep, Harm Reduction Nurses Association
- No other COIs

What is a supervised consumption site?



a place where people can use drugs under the supervision of staff trained in overdose response

Acronyms

Supervised Consumption Site

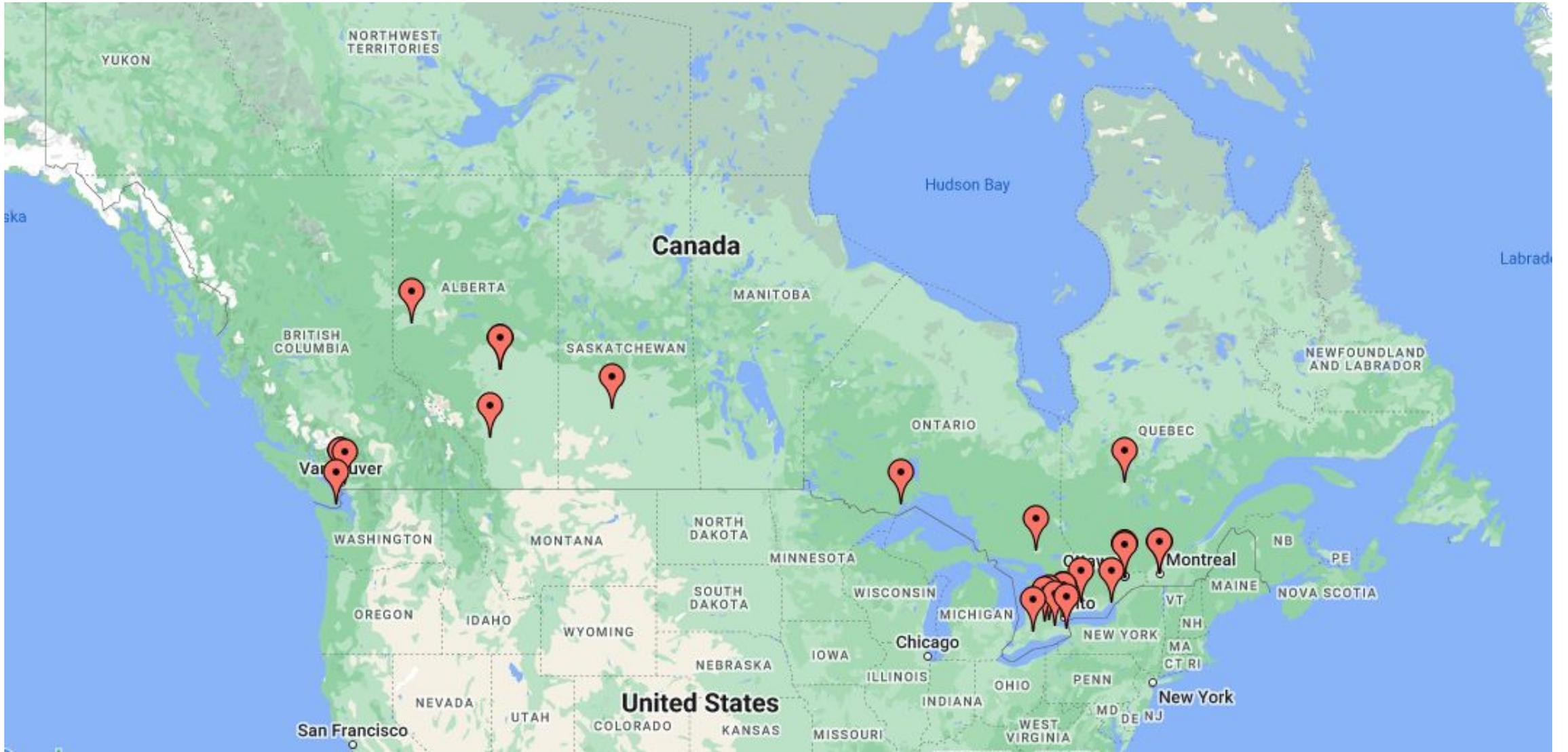
Overdose Prevention Site/Urgent Public Health Need Site

(“long-term long-term, comprehensive approach” vs.
“short-term response to address an urgent public health need”)

Also, overdose prevention centres, safe injection site, safe injection facilities, drug consumption room, etc.

History of supervised consumption

- People who use drugs have always spotted each other
- “Official” sites - Europe in the 1980s
- Vancouver Area Network of Drug Users - unsanctioned site, early 2000s
- Insite - first sanctioned site in 2003
- No sites in cities besides Vancouver until 2017 (Moss Park OPS)
- Current state



<https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html>

How do SCS work?

- Anonymous (although registration often required)
- Data collected: visit, drug used, route of administration, overdose response
- Physical space is exempt from CDSA rules around possession
- Minimal operational oversight from Health Canada compared to other health care settings

Who are SCS clients?

- Similar to population of people who inject drugs
- Men aged 25 - 45
- Racial/ethnic data not very well-collected
- Often have history of non-fatal overdose
- High population of people experiencing homelessness
- Substances used varies widely, but overall in Canada mostly opioids

<https://health-infobase.canada.ca/datalab/supervised-consumption-sites-blog.html>

What services do SCS offer?

- Supervised drug consumption (most often injection; inhalation generally not offered at most SCS) and overdose response
- Naloxone training and distribution
- Connection/referral to other services
- Safer drug consumption teaching
- Some SCS offer: peer-assisted injection; splitting and sharing
- Basic wound care

How are SCS staffed?

- Minimal rules around staffing
- Most SCS staffed by at trained social services staff, health care providers, and people with lived experience
- Health care providers: Registered Nurses, Registered Practical Nurses/Licensed Practical Nurses, Registered Psychiatric Nurses, Paramedics

How are SCS operated?

- Most are funded provincially
- Some funded by municipalities or through fundraising
- CHCs, public health units, Health authorities, HIV clinics
- Three inpatient SCS: St. Paul's (Vancouver), Royal Alex (Edmonton), Casey House (Toronto)

SCS research

- Insite – 2003, medicalized model of supervised consumption
- ~68% of published research on SCS is from Vancouver (Poiter et al., 2014), much done by professional researchers
- European SCS – not heavily researched or protocolized
- SCS not necessarily funded or staffed for research
- Data collected by SCS not generally made available to researchers

Benefits of SCS

- Reduction of all-cause mortality for those who use them frequently (Kennedy et al., 2019)
- Reduction in frequency of overdoses reported by clients (Potier, 2014)
- Reduction in public drug injections and needle debris (Potier, 2014)

<https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>

Drug supply challenges

- Fentanyl and ++ injections
- Introduction of benzos to street fentanyl supply (Laing et al., 2021)
- Client fear of naloxone overuse
- Contaminated stimulants

SCS opportunities

- Timely and aggregated information on drug supply, overdose response, and needs of the community (e.g., Kinshella, Gauthier & Lysyshyn, 2018)
- A way to increase trust in the health care system
- Meeting people where they are at and helping them

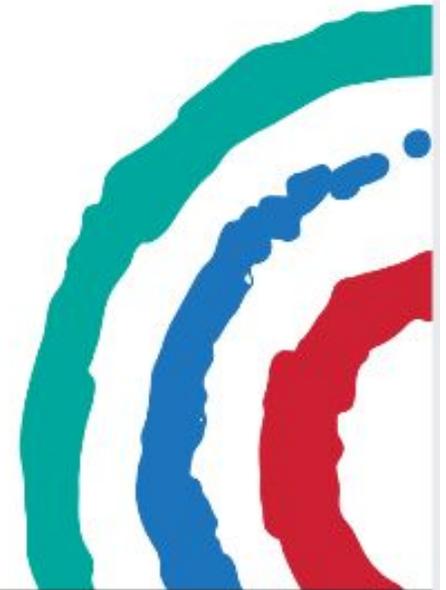


Harm Reduction
Nurses Association

**THE MISSION OF HRNA IS TO PROMOTE THE
ADVANCEMENT OF HARM REDUCTION NURSING THROUGH
PRACTICE, EDUCATION, RESEARCH, AND ADVOCACY**

HRNA STRIVES TO ACHIEVE ITS MISSION THROUGH THE FOLLOWING ACTIONS:

- Serving as a national voice for harm reduction and related nursing issues
- Promoting education and continuous learning opportunities for nurses
- Providing opportunities to share nursing knowledge, expertise and practices
- Encouraging evidence-based harm reduction nursing practices
- Creating a dynamic network to support and mentor nurses across the country
- Advocating for the creation and implementation of harm reduction policies
- Working collaboratively with partners to address structural conditions that create harms
- Advocating for the rights and dignity of people who use drugs and their families



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