



AN EVIDENCE BRIEF

SUPERVISED CONSUMPTION SITES ARE NECESSARY PUBLIC HEALTH SERVICES



University
of Victoria

Canadian Institute for
Substance Use Research



Purpose

This series provides plain language introductions to the evidence supporting critical substance use services and supports, including treatment and harm reduction programs that meet the needs of people who use drugs.

Objectives

- To promote evidence related to essential substance use services.
- To guide decision makers in making policies related to substance use services and supports.

About Co/Lab

Co/Lab is a collaborative network for research and knowledge exchange that aims to promote health and health equity for people who use drugs (including alcohol, other licit, and illicit drugs). Co/Lab activities are guided by collaborations with people who use drugs, families, health care providers, researchers and policy makers, and are focused on generating practical evidence that can be used to enhance substance use services and supporting policies.

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Summary

Supervised consumption sites are being implemented across Canada as one public health measure to reduce the harms associated with substance use, including overdoses and infectious diseases such as HIV/AIDS and Hepatitis C (HCV). However, politically motivated attacks on supervised consumption sites have made it difficult for some policy makers and service providers to support this evidence-based public health intervention. This brief reviews the evidence on supervised consumption sites, with a focus on effectiveness and community impact. A wealth of evidence suggests that supervised consumption sites do reduce overdoses and other substance use harms, connect people with other health services, and reduce unsafe drug use practices. In addition, there is little support for the assertion that supervised consumption sites contribute to social disorder. In fact, there is evidence to suggest that they reduce needle debris and public intoxication. Based on this evidence we urge implementation of supervised consumption sites, and offer several recommendations for effective implementation to improve population health and reduce health inequities.

Background

Between January 2016 and September 2019, more than 14,700 Canadians died from apparent opioid-related overdoses and 19,490 were hospitalized for opioid-related poisonings.¹ Many of these individuals were experts in the use of drugs. Yet, contamination of the drug supply with fentanyl has dramatically increased the risk of dying.^{2,3}

Without a regulated drug supply, there are few methods by which governments can ensure that illicit drugs are safe.⁴ Therefore, pragmatic public health measures are essential to reduce harms arising from drug impurities.^{5,6} Supervised consumption sites are one such measure. The logic of a supervised consumption site is that people using drugs are safer if they use them under the supervision of harm reduction workers (e.g., people with lived experience and/or healthcare providers) who can intervene if they overdose.^{7,8} Supervised consumption sites also ensure that individuals have the necessary equipment to use drugs safely, including injection, inhalation, and smoking supplies.⁹⁻¹¹ These provisions prevent people from resorting to dangerous consumption practices (e.g., using alone in washrooms, sharing and reusing needles or pipes¹²) and allow for the proper disposal of drug paraphernalia.^{13,14}

Political attitudes towards drug use and people who use drugs are one of the main barriers to the successful implementation of supervised consumption sites in Canada.^{15,16} Those who oppose harm reduction generally bristle at the idea that a public health program would not explicitly aim to eliminate substance use.¹⁷ Some argue that illicit substance use is a criminal justice matter, not a public health one, and that supervised consumption sites encourage drug use and increase social disorder.¹⁸⁻²⁰ Others have argued that there is insufficient evidence supporting supervised consumption sites.²¹ Yet, people who use drugs and current research describe these sites as “sanctuaries” and extol their benefits.²²⁻²⁷

Problem Statement

Competing opinions about supervised consumption sites often distract from the evidence, making it increasingly difficult to gain support for opening new sites.²⁸⁻³¹ This brief aims to address this evidence gap in implementation and decision making by clearly outlining what the evidence says about supervised consumption sites and making recommendations regarding their operation.



Evidence Base

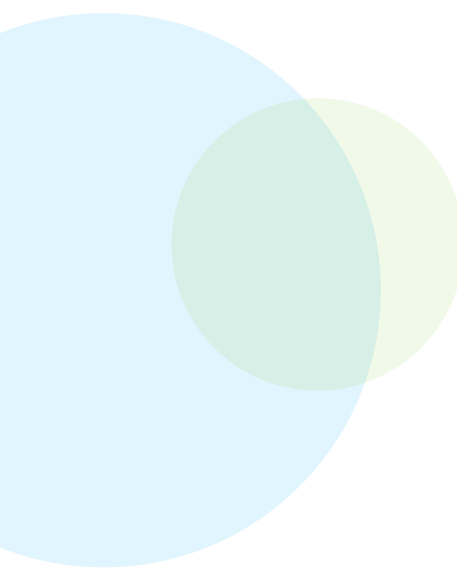
Several supervised consumption sites have been established in North America – the first of which opened in Vancouver in 2003. Since that time, a wealth of research has been conducted at these sites.³²⁻³⁹ This research has shown that they reduce overdose deaths, improve access to other forms of health care, and reduce unsafe drug use behaviours.⁴⁰⁻⁴³ They can work in tandem with other harm reduction strategies (such as drug-checking services and take-home naloxone distribution), synergistically leading to positive outcomes for people who use drugs.^{43, 46} For others, they promote connections to withdrawal management services and counselling and medication assisted treatment.⁴⁸⁻⁵¹ They reduce the burden on emergency services.^{44,45} Multiple studies highlight that they are cost effective models for reducing overdose deaths, HIV, and Hepatitis C.⁵⁴⁻⁵⁷ This is consistent with broader analyses showing the cost-effectiveness of harm reduction programs.⁵⁸

Contrary to critics' concerns, supervised consumption sites do not appear to increase or encourage harmful use of drugs.⁵⁹ Most people who use these services report long term, high frequency use of injection drugs and are already at elevated risk for the outcomes that supervised consumption sites aim to address.⁶⁰⁻⁶³ Additionally, supervised consumption sites have actually been linked to improved public order.^{40,59} For example, Leon and colleagues reported that the number of intoxicated individuals in the public decreased by 28% after the opening of a supervised consumption site.⁶⁴ Similarly, Wood and colleagues (2004) reported that the number of people using drugs in public and the number of improperly discarded needles actually decreased after the opening of a supervised consumption site.⁶⁵

Supervised consumption sites are supported by existing evidence. Any supposed premise that there is insufficient support for supervised consumption sites largely rests on the absence of randomized control trials.⁶⁶ However, this is an improper standard given that many evidence-based public health interventions lack randomized control trials due to the ethical implications associated with withholding care in order to create a control group. Based on existing evidence from systematic reviews,^{40,41,59} it would be unethical to withhold these services from those who are at-risk of overdose and other harms of drug use.

The benefits of supervised consumption sites are recognized by numerous expert bodies both in Canada and internationally. Supervised consumption sites have been endorsed by multiple professional associations in Canada, including the Canadian Nurses Association, Registered Nurses Association of Ontario, Canadian Medical Association, Canadian Association of Family Physicians, Canadian Public Health Association, and more. More

specifically, statements released by registered nurses have clearly outlined how supervised consumption services are aligned with and help nurses to enact their professional ethical standards.⁶⁷ Canadian courts have upheld the continued operation of supervised consumption sites.⁶⁸ Finally, the World Health Organization has endorsed them as key public health services in response to HIV and other drug related harms.⁶⁹ From an evidence perspective, there is no controversy that supervised consumption sites are a necessary public health service.





Recommendations

Based on the evidence reviewed here, we urge implementation of supervised consumption sites as an evidence-based approach to reducing morbidity and mortality among people who use drugs. We offer the following recommendations to support the effective operation of supervised consumption sites.

Supervised consumption sites should:

- involve people who use drugs in the design and operation of services;^{70,71}
- have sufficient capacity so as to limit wait times and ensure availability of services throughout the day;⁷²
- establish connections to other community services so that clients are able to access withdrawal management and treatment services,⁷³ and care for HIV, Hepatitis C, and other health conditions;⁷⁴
- provide spaces for multiple forms of drug consumption (e.g., inhalation, injection, smoking);⁷⁵⁻⁷⁷
- provide comfortable, dignified, and fully-equipped spaces for people to consume drugs (e.g., bathrooms, private consumption cubicles);
- use mobile consumption services to ensure that clients are able to access supports regardless of their geographic location;^{78,79} and
- allow for peer-to-peer or provider-client injection assistance.⁸⁰⁻⁸³

Policy makers should:

- ensure that operational activities are not disrupted by policing activities;⁸⁴
- Collaborate with and educate the surrounding community about the benefits of supervised consumption sites in keeping neighbourhoods safe and identify concerns that can be mitigated by changes to operating procedures and practices;⁸⁵ and
- move towards a model of providing access to a safer supply of drugs rather than simply facilitating use of potentially contaminated drugs.⁸⁶⁻⁸⁸



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