

Supervised Consumption Services

The Basics

What are supervised consumption services?

Supervised consumption services (SCS) are health facilities where people consume drugs and are monitored by staff (e.g., nurses, harm reduction workers, people with lived or living experience of drug use) who provide education on harm reduction and respond to overdoses (e.g., by giving naloxone or oxygen). SCS also distribute sterile drug use equipment (e.g., needles, cookers, inhalation kits), and can act as a pathway to other important services. SCS are authorized by federal or provincial authorities, which protects staff and participants from being charged with possession of illegal drugs while on site. SCS are one intervention along a continuum of services to improve the health of people who use drugs, and focus on addressing drug-related harms such as overdose.

Canada's first SCS - called Insite - opened in Vancouver in 2003. Since 2016, Canada has witnessed a rapid scaling up of SCS across the country. As of September 2021, 37 SCS operate in 5 provinces across Canada¹. These SCS vary in their design and are tailored to the needs of their communities. For example, most SCS in Canada supervise injection, intranasal, and oral consumption, while few SCS permit drug consumption via inhalation. Some SCS operate from within other health and social services (e.g., medical clinics, shelters), while others are their own standalone facilities or are mobile sites that can move to where people need them (e.g., as RVs, vans). Additionally, each SCS varies in capacity size and operational hours.

¹ Health Canada. Supervised consumption sites: Status of applications [Internet]. Ottawa, ON: Government of Canada; 2021, Jun. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.htm>

Why are SCS needed?

Canada has been experiencing an unprecedented overdose emergency, which killed more than 21,000 people between 2016 and 2020². The Public Health Agency of Canada has suggested that if current trends continue, total overdose deaths for 2021 will increase beyond those reported in 2020³. Statistics Canada has also reported that life expectancy has stopped increasing for the first time in 40 years, and that overdose deaths are the main factor contributing to this trend⁴.

Overdose deaths in Canada, both in the recent past and currently, have been driven by a toxic illegal drug supply. People who use drugs often are not able to ascertain how potent illegal drugs are or what substances they contain, which can lead to accidental overdoses. Accidental overdose deaths are being increasingly driven by illegal fentanyl and other toxic synthetic opioids (e.g., carfentanil). About half of all opioid overdose deaths in 2016 involved fentanyl, increasing to three quarters of opioid overdose deaths in 2019 and over 80% of opioid overdose deaths in 2020⁴. Also, federal reports cite that 51% of opioid overdose deaths also involved stimulants (e.g., cocaine, methamphetamine) and 39% of opioid overdose deaths also involved other psychoactive substances (e.g., alcohol, benzodiazepines) in 2020⁴.

SCS are a core component of Canada's overdose response. SCS can help reduce risk of accidental overdose death because they provide a safe and monitored space for drug use, which can help people avoid having to take drugs alone, in a rushed way, and in unsafe places (e.g., in public, outdoors, locked in a washroom). SCS staff respond quickly to overdoses, and people can test their drugs for fentanyl and sometimes other substances at some SCS. Distributing sterile drug use equipment at SCS helps reduce transmission of blood borne infections (such as HIV), and people can receive further harm reduction education on how to use drugs more safely. SCS also connect people to the health and social services they need but might otherwise have difficulties accessing on their own.

What does a typical visit to an SCS look like?

SCS do not all operate in the same manner, but each SCS visit follows a similar pattern. An SCS visit starts with the SCS participant checking in with staff. SCS participants may have to wait in the waiting room if the consumption room is full. Once there is a spot available, SCS participants are

² Government of Canada. Opioid-related harms in Canada: September 2020 [Internet]. 2020 [cited 2021 Jun 30]. Available from: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

³ Government of Canada. Changes in life expectancy by selected causes of death, 2017 [Internet]. 2019. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/190530/dq190530d-eng.htm>

⁴ Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/> (accessed July 2).

typically asked to describe the drug they plan on consuming (e.g., heroin) and how they would like to consume it (e.g., injection, inhalation, oral, intranasal), so that staff can help give them the appropriate drug use equipment.

Next, the SCS participant may go to the consumption room which contains sterile booths or tables, and containers to safely throw away used supplies. If the SCS has an exemption for inhalation, there is usually a separate ventilated room for smoking substances. After an SCS participant has finished their consumption, they move to the observation area. This area often provides basic amenities like water and snacks, and is typically staffed by people who can assist in addressing other health or social service needs (e.g., to help connect SCS participants with medical care, substance use treatment, housing, etc.). Before SCS participants leave, they are also usually offered naloxone kits and sterile drug use equipment to take with them, along with other harm reduction supplies such as condoms.



See *A Typical Visit* infographic on whyscs.ca for a visual depiction of a typical SCS visit.

What are the known impacts of SCS?

SCS play an important role in improving the health of people who use drugs.

Key aspects of SCS include intervening in the case of overdose and calling emergency medical services if required. As a result, there have been no recorded fatal overdoses inside any SCS, despite the increasing number of overdoses occurring within SCS. Ultimately, immediate intervention decreases the risk of death and other complications that can occur when a response is delayed.

Staff educate SCS participants on harm reduction practices, encourage safer drug use, and provide sterile drug use supplies. Together, these factors decrease unsafe drug use patterns and risk of health problems (e.g., overdose, HIV or hepatitis C, skin or soft tissue infections).

Because of the stigma associated with drug use, many participants of SCS find it hard to access primary healthcare and social services such as physicians, addictions counsellors, or housing programs. SCS provide a point of contact for healthcare or social workers to link people to the appropriate resources via referral networks and wraparound services.

SCS do not negatively impact crime or public order in surrounding neighbourhoods.

Despite common concerns, existing scientific research indicates that SCS do not increase crime and may improve public order in their neighbourhoods. SCS are typically implemented in areas with public drug scenes and are designed to bring pre-existing public drug use inside. Thus, concerns about the potential to increase public drug use or the number of improperly discarded syringes are typically unwarranted. In fact, evidence shows reductions in public drug use and publicly discarded needles around SCS after they open, decreases or no changes in violent crime, and no verified



Want more information on the health impacts of SCS? See *Health Impacts* evidence brief and infographic on whyscs.ca.



Want more information on the impact of SCS on crime and public order? See *Crime & Public Order* evidence brief and infographic on whyscs.ca for more details on the evidence in this area.

changes in drug trafficking. However, there have been some mixed findings on changes in property crime, loitering, and other public nuisances in areas surrounding SCS.

SCS save money.

Available evidence concludes that SCS save money (e.g., tax payer dollars, health system costs), although there is less consensus regarding the nature and extent of these savings.



Want more information on the cost saving due to SCS?

See *Cost Savings* evidence brief and infographic on whyscs.ca for more details on the evidence in this area.

What do we still need to learn about SCS?

While numerous studies have demonstrated positive and life-saving impacts of SCS on the health of those who visit them, minimal impacts on crime and public order in surrounding neighbourhoods, and economic savings, the bulk of the research has focused on two sites: Insite in Vancouver, Canada and the Medically Supervised Injecting Centre (MSIC) in Sydney, Australia. These two sites are similar - both SCS are operated by healthcare professionals and are standalone sites that primarily serve people who inject drugs - but do not fully reflect the range of SCS models operating globally. Further research should a) assess the relative strengths and weaknesses of various SCS models; b) identify barriers and facilitators to SCS access outside of urban centres, and c) explore how to promote access for underserved populations (e.g., women, youth, Indigenous Peoples).

Conclusion

SCS are an important health service designed to improve the health of people who use drugs. Research shows that SCS can also help improve safety in the surrounding community, that they have no negative impacts on crime, and that they can help save money. However, more research is needed in Canada to examine diversity in SCS operations and amongst people who may need access to this service.

Authorship and Citation

Elaine Hyshka, Kelsey Speed, Mary Clare Kennedy, Lois Jackson;
Last updated September 2021

Hyshka E, Speed K, Kennedy MC, Jackson L. Evidence brief: The Basics. Edmonton: Canadian Research Initiative in Substance Misuse; 2021. 4p. Available from: whyscs.ca.

