Supervised Consumption Sites[1]

What Supervised Consumption Sites Are

Supervised consumption sites (SCSs) are facilities that provide a space for people to bring their own substances to use in the supervision of qualified staff, which can include nurses, medical doctors, social workers, community health workers and person-to-person workers (also known as peer support). While SCSs can take many different forms, one of their main intentions is to reduce the chances of an overdose. Staff can respond with the necessary intervention (e.g., naloxone, oxygen) if someone experiences a medical emergency. Another purpose is to reduce the transmission of blood-borne diseases, such as hepatitis and HIV, among people who use substances. SCSs also serve as an easy entry point to other healthcare services, including substance use health supports, such as harm reduction and treatment (e.g., counselling, medication therapy, withdrawal management, bed-based treatment, in-patient treatment).

In Canada, SCSs have special legal permissions that allow individuals to use substances at their locations. They also provide a range of supports available to respond to individuals' urgent medical, mental and social needs. Many people who visit SCSs do so for reasons beyond using drugs, namely accessing health care, such as wound care, testing and support for infectious diseases, such as hepatitis and HIV, and other medical and social support. Many SCSs also offer needle programs that provide sterile supplies to reduce the transmission of blood-borne diseases among people who use substances (Potier et al., 2014).

SCSs have been around for decades and operate all around the world, including in Canada, Australia and Europe (Caulkins et al., 2019). SCSs have existed in Europe for around 40

[1] This document is part of a series of evidence briefs the Canadian Centre on Substance Use and Addiction has created to help people and communities understand and contextualize complex health solutions and the resources intended to address people's substance use health and wellness. Please also check out our briefs on opioid agonist therapy (Canadian Centre on Substance Use and Addiction, 2024a) and drug checking (Canadian Centre on Substance Use and Addiction, 2024b). The research findings in this document are primarily based on a review of academic and grey literature from 2016 to 2024. Earlier studies were included when more recent research was unavailable. The focus was on evidence review articles and related Canadian resources. International studies were included when Canadian literature was not available.

years (European Monitoring Centre for Drugs and Drug Addiction, 2018). The first SCS in Canada was Insite, which opened in Vancouver in 2003. As of September 2024, there are 39 SCSs operating in Canada (Health Infobase Canada, 2024).

What SCSs Do

SCSs are a part of the full spectrum of substance use health supports that spans prevention to treatment. SCSs can provide connection to substance use health services (Health Infobase Canada, 2024), such as opioid agonist therapy, detoxification and counselling. SCSs also provide services or connection to services that are not directly related to substance use but have an important role in an individual's journey toward wellness. They can be key for engaging individuals who are not able to access other substance use health services (Kennedy et al., 2017; Levengood et al., 2021).

SCSs are often located close to or within a community-based health service, so if they don't provide a particular service in their facilities, staff can connect individuals to an offsite or connected location that does.

The low-barrier and non-judgmental services offered by SCSs have been especially helpful for folks who are looking to reduce risk or improve health but do not feel safe or comfortable using other social or healthcare services, such as people who are racialized, sexually and gender diverse, and people who are First Nations, Métis or Inuit (McNeil & Small, 2014; Kennedy et al., 2017).

There are different models of SCSs that may vary based on other existing programs in the community, where people who use substances reside, access to funding, space and transportation, and the different ways that people can use drugs in them (e.g., injection, inhalation). Some SCSs are stand-alone facilities and others are integrated into existing social and healthcare services. More research is required to better understand the long-term impact of different SCS models and innovations in their practices and programs (Kennedy et al., 2017), but we do know that the more services and outreach staff available at SCSs, the better the outcomes for individuals and the community. SCSs offering integrated services, including medical care, social support and outreach, are more effective in engaging marginalized people, reducing health risks, and improving overall outcomes (Kennedy et al., 2017; Potier et al., 2014).

How SCSs Benefit People

Reduce Risk of Fatal Overdose

SCSs significantly reduce deaths from overdose. Staff working at SCSs across Canada reversed more than 58,444 overdoses between January 2017 and May 2024 (Health Infobase Canada, 2024). In Canada and internationally, there has not been one confirmed death by overdose in an SCS (Potier et al., 2014; Health Infobase Canada, 2024). In fact, in the two years after the Vancouver Insite SCS opened, there was a 35 per cent decrease in overdose deaths in the area (Marshall et al., 2011). Similar reductions in overdose deaths

have been found in surrounding neighbourhoods of nine SCSs in Toronto (Rammohan et al., 2024).

Increase Access to Substance Use Health and Mental Health Services

SCSs serve as a critical, low-barrier entry point for connecting individuals to health and social services. People who frequently attended SCSs were more likely to access withdrawal management and other substance use health supports compared to individuals who did not attend an SCS or who attended them less often (Dow-Fleisner et al, 2022; Levengood et al, 2021).

In Canada over the last four years, more than 800,000 services and referrals were provided to people at SCSs. These included primary health care (e.g., wound care, vaccination, access to naloxone kits), testing for sexually transmitted and blood-borne infections, mental health care, and social services and supports, such as food, shelter, legal aid, employment assistance and connection to housing supports (Health Infobase Canada, 2024).

Reduce Transmission of HIV and Other Infections

SCSs provide sterile injection equipment, so people are less likely to share equipment with others. This has led to fewer blood-borne diseases, such as hepatitis and HIV, and less infections among those who access SCSs (Dow-Fleisner et al, 2022; Levengood et al, 2021). When using substances at an SCS, a person can take their time and have the support of trained staff on how to properly use needles and safely inject (McNeil & Small, 2014). This reduces unsafe practices that can happen when rushing to inject drugs and leads to fewer injection-related wounds, less chance of getting HIV and other infections, and consequently premature death (Kennedy et al., 2017).

How SCSs Impact Communities

Reduce Publicly Discarded Needles and Substance Use in the Area

Findings from a study in Vancouver showed that the opening of SCSs was associated with fewer people injecting substances in public, fewer publicly discarded syringes and less injection-related litter (Wood et al., 2004). Similarly, results from a study on an SCS in Sydney, Australia showed that local business owners and residents reported a decrease in publicly discarded needles and less public substance use over the five years following the opening of the SCS (Salmon et al., 2007). These outcomes have resulted in increased community support and more positive attitudes toward SCSs after a period of service operation (Kennedy et al., 2017; Tran et al., 2021).

Reduce Demands on Emergency Services

Responses to overdoses are medically managed on site at SCSs. As a result, areas with an SCS have reduced calls to ambulance and emergency department admissions, compared to

overdoses occurring in public spaces (Dow-Fleisner et al, 2022; Kennedy et al, 2017; Levengood et al, 2021; Tran et al, 2021).

Reduce Costs and Save Money

SCSs can lead to significant cost savings to the healthcare system. For example, one study of an SCS in Calgary found that each overdose managed at the site saves about $1,600 in provincial government funding; costs that would have gone to providing ambulance, pre-hospital care and treatment in an emergency department if the individual had overdosed outside of an SCS. Between November 2017 and January 2020, these savings totalled more than $2.3 million (Khair et al., 2022). Another study showed that services provided at Insite's program in Vancouver, such as the supervised injection facility and syringe exchange, resulted in about 83.5 fewer HIV infections among people who inject drugs for a single year. This reduction in HIV cases is associated with saving $17.6 million in lifetime, HIV-related medical care costs, which is more than enough to cover the annual operating costs of Insite's program of $3 million (Pinkerton, 2010).

Addressing Public Concerns about SCSs

SCSs Do Not Provide Drugs to People

SCSs do not supply any substances to people. Individuals are responsible for bringing their own drugs (Health Infobase Canada, 2024).

SCSs Do Not Encourage or Prolong Substance Use

Substance use and addiction existed long before SCSs arrived in communities. Before SCSs were in place, individuals who used substances were at increased risk of social- and health-related harms (e.g., infection, violence, exploitation, overdose, death). There were little to no opportunities to directly connect people to services and supports without judgment. SCSs have significantly reduced the risk of harms related to substance use because medical and social services are available inside the facility (Kennedy et al, 2017).

SCSs Do Not Increase Drug-Related Crime

Research findings have shown that SCSs do not increase local crime rates, police activity nor other public nuisances in their neighbourhoods (Levengood et al, 2021). Results from a review of 47 studies conducted in Canada, Australia and Europe showed that SCSs have no effect on police-recorded assault and robbery incidents, drug possession, drug dealing or related offences in the neighbourhood (Kennedy et al., 2017). A study using the data provided by the Vancouver Police Department on weekly counts of crime before and after opening the Insite SCS shows that the opening had no significant impact on rates of total crime, violent crime (e.g., assault and robbery) and property crime (e.g., breaking and entering residential and business, theft from vehicles and mischief) (Myer & Belisle, 2018). In addition, findings from each police district show that in districts with an SCS, total, property and violent crimes decreased by 42, 35 and 6 crimes per week, respectively, after the opening of the facility (Myer & Belisle, 2018).

Substance Use Still Occurs Outside of SCSs

SCSs are located in areas that will increase access for people who use their essential services (Marshall et al., 2011). Yet, they may only have the capacity to supervise a very small percentage of substance use occurring in these areas (Caulkins et al., 2019). For example, while Insite receives an average of 600 visits a day, which is near its capacity, it is estimated that it only supervises about five per cent of injections in Vancouver's Downtown Eastside (Health Canada, 2008). The limitations in capacity and lengthy wait times to use the facility may result in people using drugs in public spaces and disposing their used syringes outside the SCS (Caulkins et al., 2019). In addition, the unpredictability of the current drug supply may affect outcomes for people who use substances (Canadian Centre on Substance Use and Addiction, 2020).

More study may help clarify which SCS models are best for people who use drugs and for the community.

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