

Developing a working model for supervised consumption services in a Canadian acute care facility

Preliminary Findings

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Background

- People who inject drugs (PWID) have:
 - Increased risk of HIV, HCV, and substance use related morbidity and mortality
 - Higher likelihood of premature discharge or leaving against medical advice
- 44% of PWID report previously using drugs while hospitalized



Hospitals as Risk Environments

Abstinence-based hospital policies + Discrimination + Limited access to evidence-based treatments for substance use disorders + Inadequate pain and withdrawal management

MEDICAL RISKS

- Higher morbidity and mortality (Overdoses, syringe reuse/sharing, etc.)
- Premature discharge (& subsequent longer stay due to complications)

SOCIAL RISKS

- Fuels mutual distrust between staff and patients
- Reinforces moral model of addiction

Supervised Consumption Services (SCS)

- Supervised environment to use pre-obtained substances with sterile supplies and medical monitoring; safer use education
- Exemption under Section 56.1 of the Controlled Drugs & Substances Act



Goals:

- Reduce risk of mortality, infections
- Reduce rates of early leaving/premature discharge
- Improve patient-provider relationships



SCS in Canada

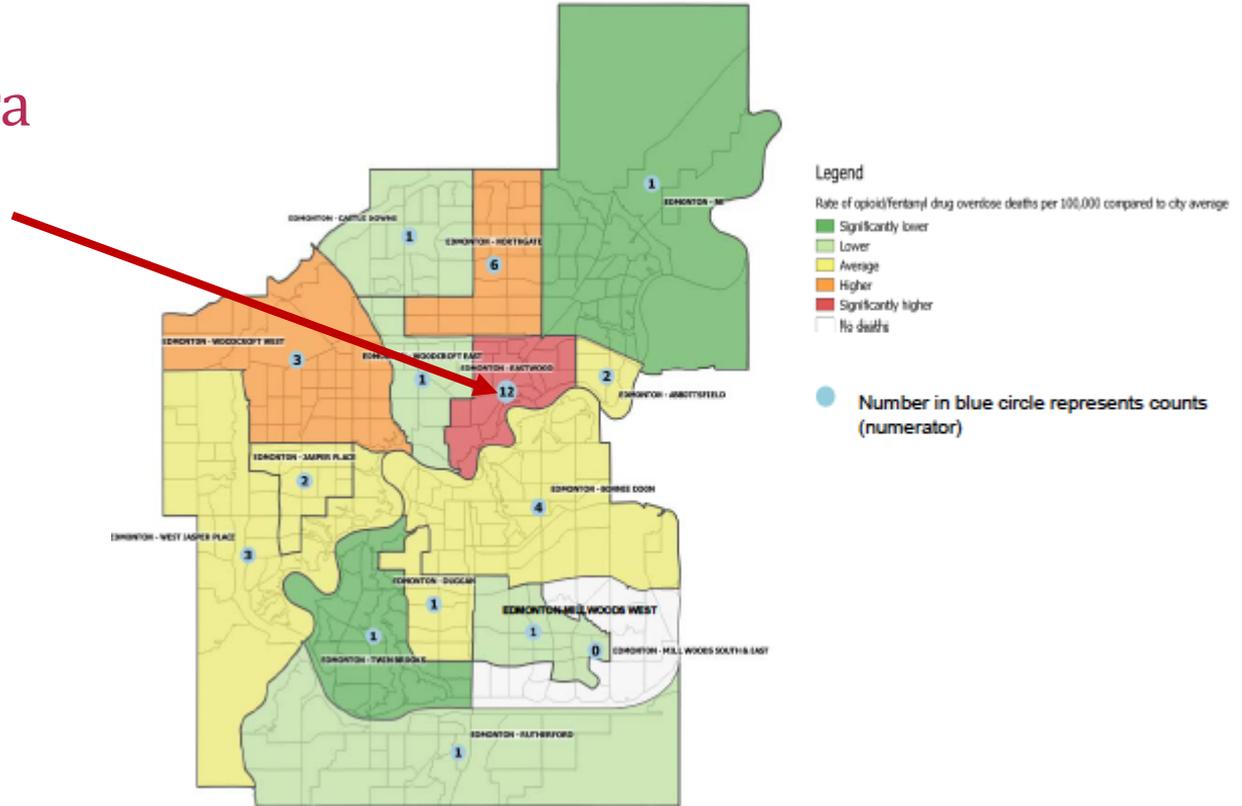
- 39 federally-sanctioned active sites (+19 pending approval)
 - BC (9), Alberta (8), Ontario (18), Quebec (4)
 - + ~28 unsanctioned overdose prevention sites across BC (provincial jurisdiction)
- 1st site: Insite, Vancouver (2003) (pictured left)
 - 35% reduction in overdose deaths in first 3 years

Royal Alexandra Hospital

(Edmonton, AB)

One of Canada's biggest and busiest acute care hospitals.

In the heart of where people in Edmonton are dying from fentanyl overdoses.



Royal Alexandra Hospital SCS

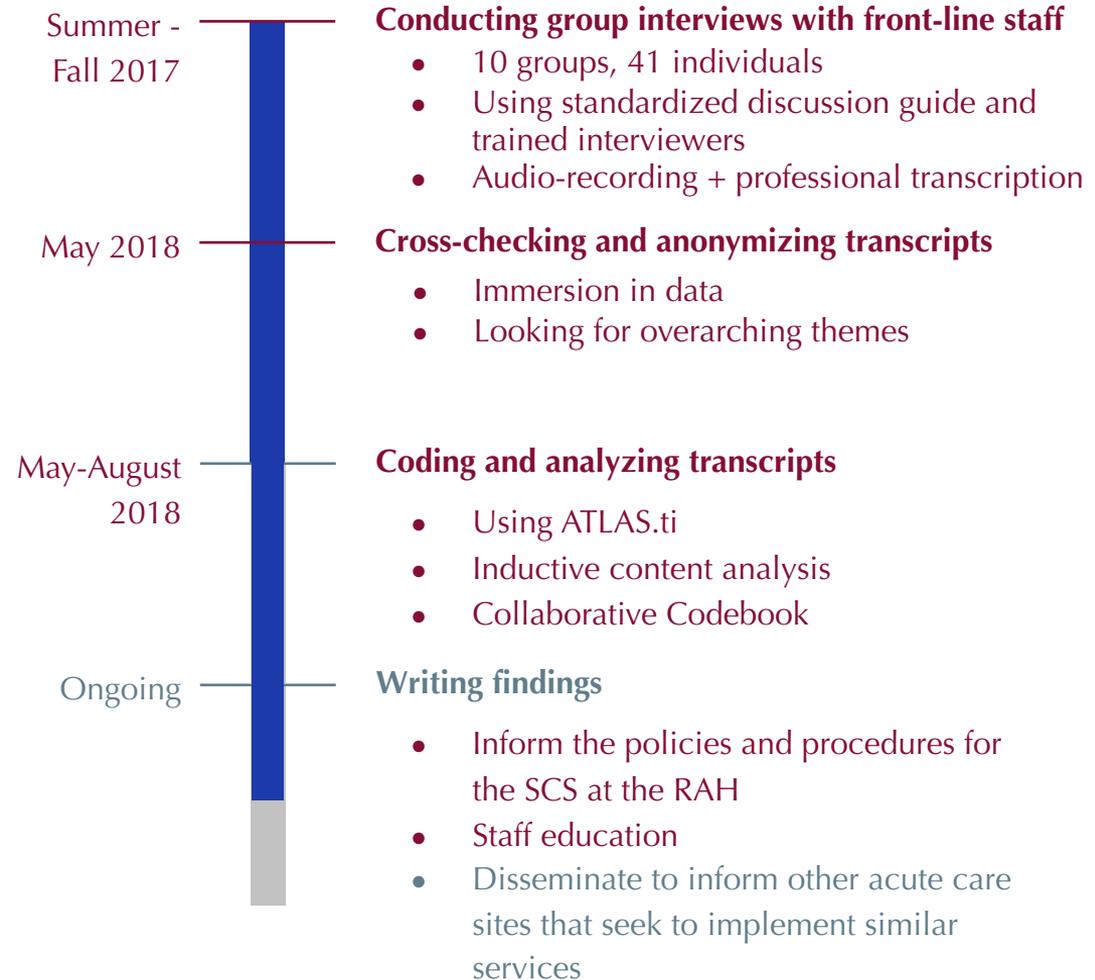
- First embedded acute care hospital site in North America
- Opened April 2018
- Inpatient only
- Pre-implementation study



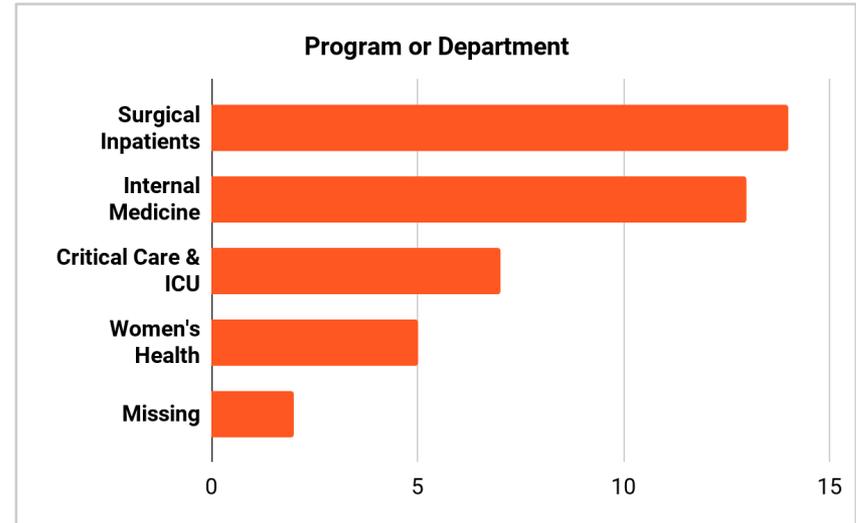
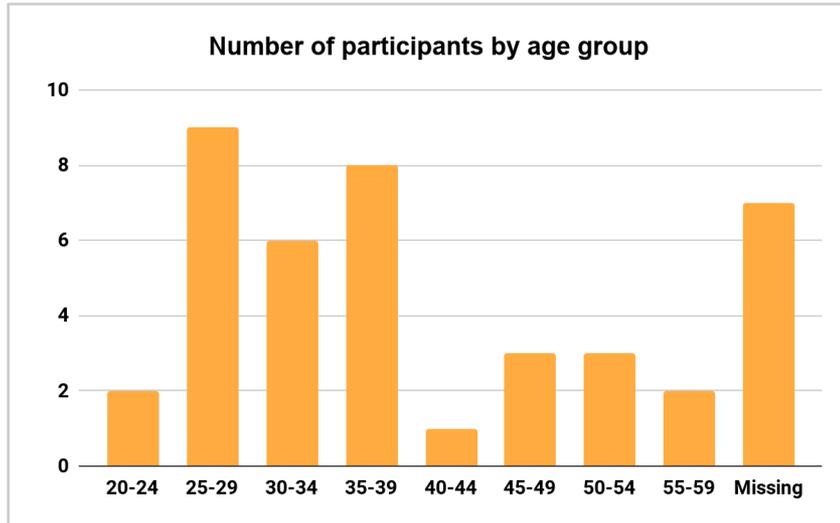
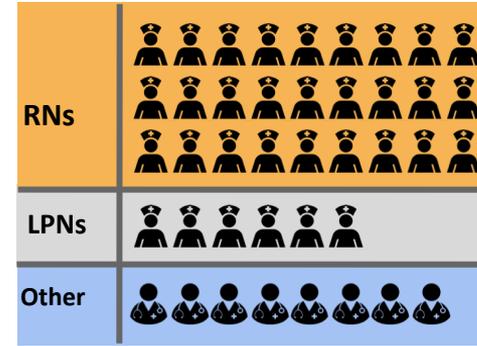
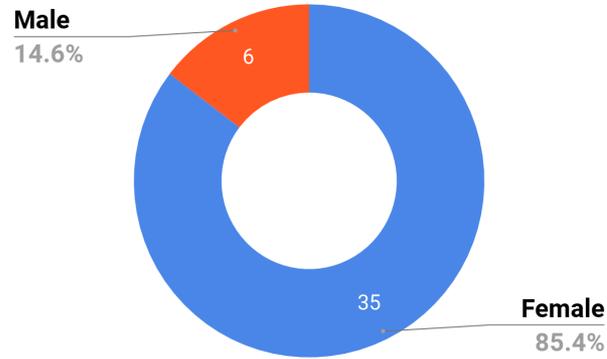
Objectives & Methods

Qualitative descriptive analysis exploring **front-line hospital staff:**

1. Perspectives on harm reduction and SCS
2. Opinions on proposed policies and procedures
3. Recommendations for a working model



Demographics



PERSPECTIVES



Benefits

Concerns

Staff and
patient safety



“

“... I think one of the benefits too is safety. Like our patients are not going to be leaving their sharps in their beds and they're going to be supervised and... you know, if harm does come to them, there's somebody there who can react in that moment.”

- Group 10

”

Staff and
patient safety

Rapport

Benefits



PERSPECTIVES

Concerns

“

I think [the SCS] gives the [Royal Alexandra Hospital] a better step-up in the trust area. And I think homeless and drug addicts, they very much live on a trust basis and so if we can give them something to show that we respect them [...] I think it'll give them that trust back into the hospital and allow us to have those more important conversations with them in regards to their drug use and getting them the help that they need when they need it, right?

- Group 7

”

PERSPECTIVES

1

Benefits

Concerns

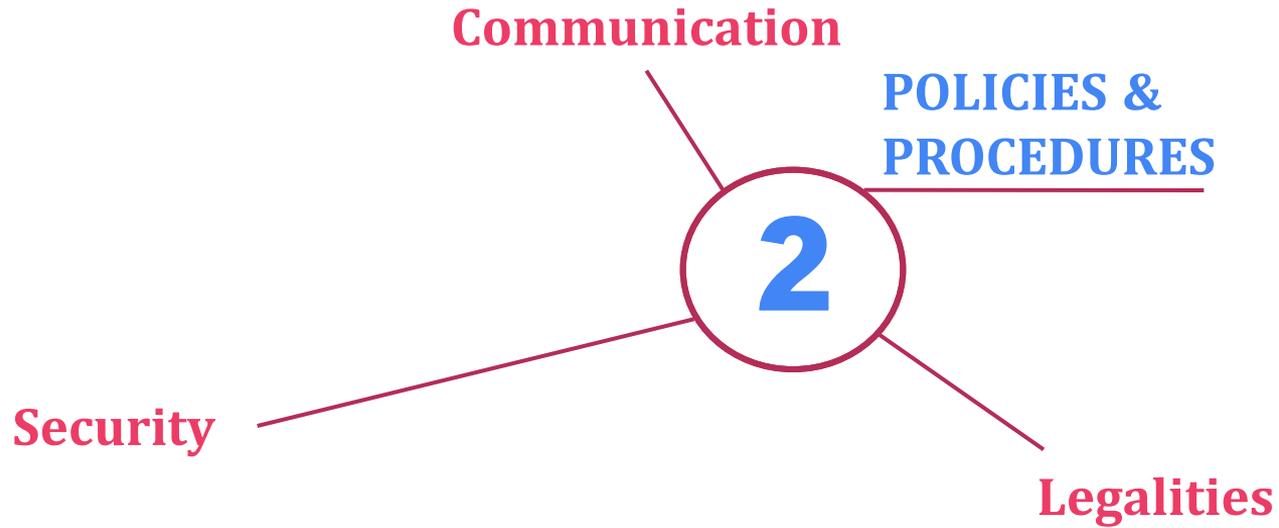
Clinical risks

Threat of
“outside drugs”

Interactions with
medications

Staff and
patient safety

Rapport



Clinical guidance

Site accessibility



Communication

**POLICIES &
PROCEDURES**



2

Security

Legalities

Clinical guidance

Site accessibility



Communication

**POLICIES &
PROCEDURES**



Security

Legalities

“

I think a special officer should be sitting there, like twenty-four hours a day with the nurse. At least two nurses and somebody with a uniform and a stick and training to do what he has to do.

- Group 5

”

Clinical guidance

Site accessibility



Communication

**POLICIES &
PROCEDURES**



Security

Legality

“

[Staff] are afraid. [...] We want [patients] to get better, we want to advocate for them and, you know, help them work through their disease process but not at the sacrifice of my whole livelihood.

- Group 1

”

Staff Education

**WORKING MODEL
DEVELOPMENT**

3

**Suggested Future
Developments**

**Building a
harm reduction
culture**

Reducing Stigma

Building
trust

Inclusion

“

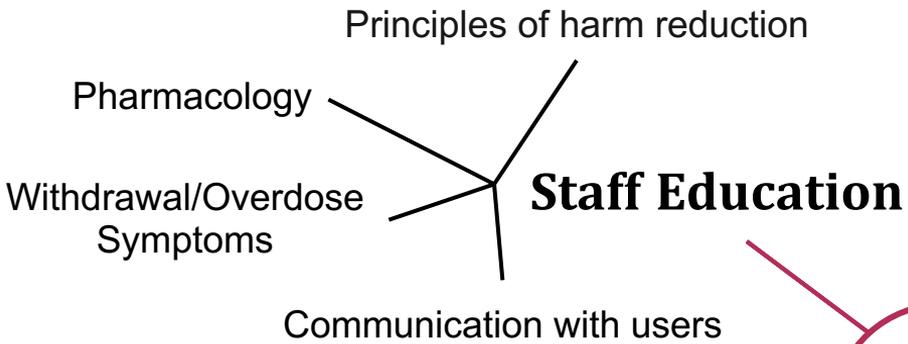
“P1: I think this will start the culture change, hopefully. Like, a long time to get through, but...

P2: Just like we started with alcohol and now with this one..

P1: Yeah, you've got to start with this one too. And more education is never a bad thing, and once people really understand and see it in action then, oh my, and then that'll translate to – hopefully – into more open care on the unit, right.”

- Group 7

”

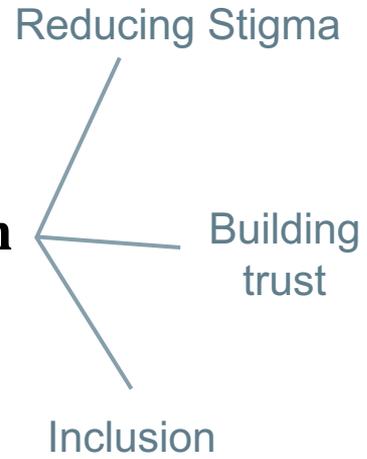


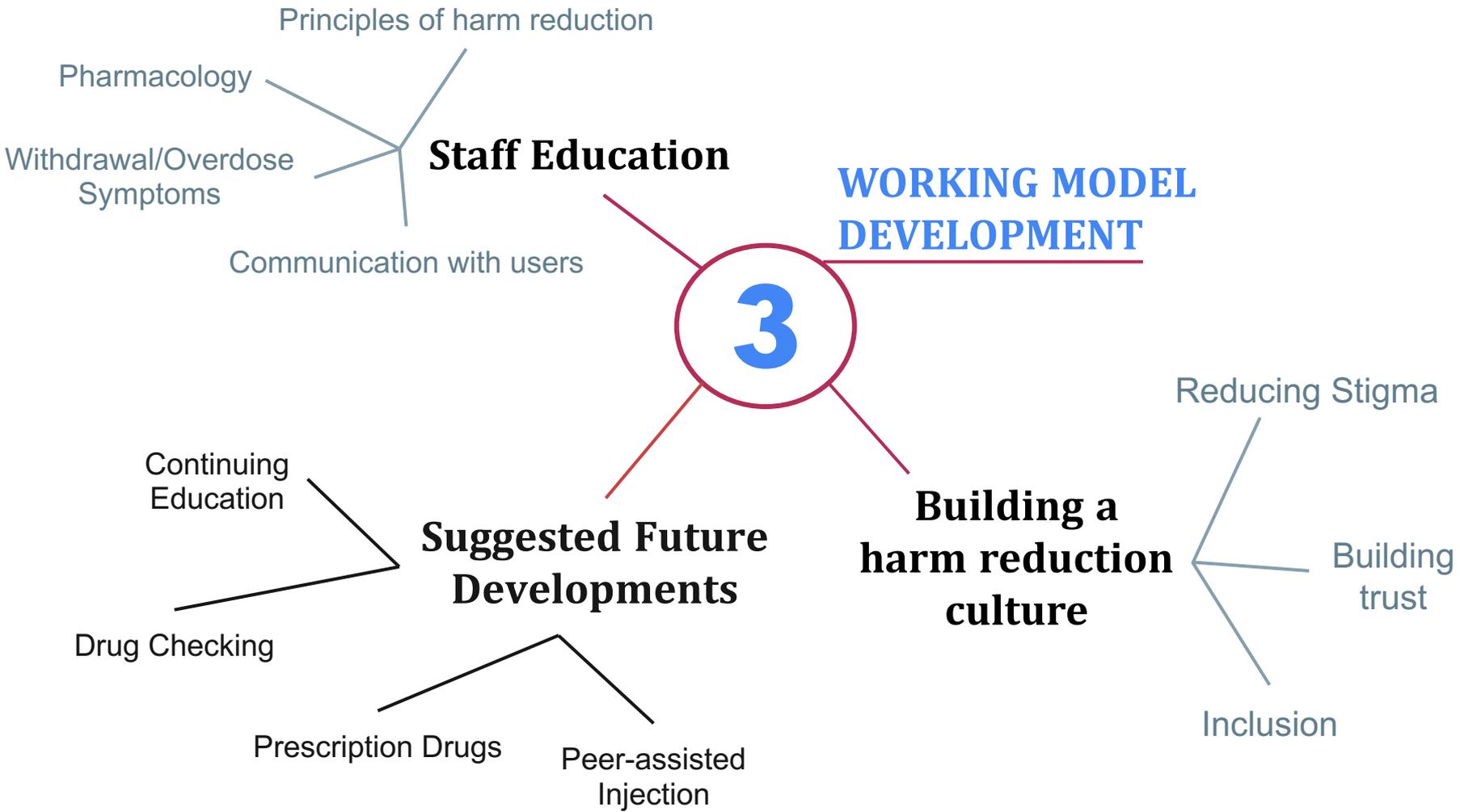
WORKING MODEL DEVELOPMENT



Suggested Future Developments

Building a harm reduction culture





Summary

- A. There are many barriers between patients who use drugs and optimal care, many of which come from lack of staff education and mutual distrust.
- B. Staff want clear protocols that maximize SCS accessibility and make them feel safe when working with PWID or at the SCS.
- C. Staff seem eager to learn more about this population and how to best serve its needs via clinical skills and cultural safety training.
- D. Proposed future developments may increase the SCS's safety and broaden its accessibility.
- E. Some of these findings may be applicable to other Canadian acute care facilities wanting to implement in-patient SCS.

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Citations

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Thank you

Questions?

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