LIFE AND DEATH OF A HOSPITAL-BASED SUPERVISED CONSUMPTION SERVICE

Authors
Dong KA[1], Meador K[2], Klassen SA[3], Hyshka E[4]

[1]Department of Emergency Medicine, Faculty of Medicine & Dentistry, University of Alberta, [2]Royal Alexandra Hospital, [3]Recovery Alberta, [4]School of Public Health, University of Alberta

Background
Hospitals are high risk environments for people who use drugs. Inadequate pain and withdrawal management, limited access to evidence-informed treatment for substance use disorders, and stigma result in people leaving before medically discharged or ongoing use of non-prescribed substances during hospitalization. Hospital-based supervised consumption services (SCS), where people consume pre-obtained substances under medical supervision, are one potential way to reduce the risks.

Description of model of care/intervention/program
The Royal Alexandra Hospital, a large 895-bed downtown hospital in Canada opened North America's first hospital-based SCS for acute care patients on April 2, 2018. Over time the service expanded to include access to emergency department (ED) patients, co-located injectable opioid agonist treatment and outreach to hospital patients. Community members who were not hospital or ED patients could also access the site for new drug consumption supplies, naloxone kits, education and referrals.

Effectiveness
The SCS became a fully integrated health service and had over 7000 visits in the first 18 months. In addition to the benefits of supervised use, the SCS helped identify patients who might benefit from addiction medicine consultation. During COVID-19, the toxicity of the unregulated drug market increased, and people switched from injecting to smoking substances. Consumption visits declined as the SCS did not offer supervised inhalation. Legislative changes then resulted in injectable opioid agonist treatment no longer being allowed in the SCS. The government subsequently announced its closure and operations ceased on December 16, 2025.

Conclusion and next steps
Hospital-based SCS are one potential way to reduce the harms associated with ongoing substance use in hospitals, however, shifts in politically driven mandates place them at risk of defunding. When possible, services should strive to offer supervision of all forms of substance use and be integrated into operational funding as an integral component of hospital-based care.

Disclosure of Interest Statement:
Dr. Dong receives salary support from the University of Alberta as the Alberta Health Services Chair in Emergency Medicine Research. She previously received salary support from Alberta Health Services as the medical lead for the acute care addiction medicine consultation service and supervised consumption service (2013-2022).
Dr. Meador previously received salary support from Alberta Health Services as the assistant medical director for the acute care addiction medicine consultation service and supervised consumption service (2014-2022).
Dr. Klassen receives salary support from Recovery Alberta for her role as Medical Director for the acute care addiction medicine consultative service and the supervised consumption service (2022-2025).

Dr. Hyshka's research is supported in part by the Canada Research Chairs Program in the form of a Tier II Canada research chair. She currently holds peer-reviewed funding from the Canadian Institutes of Health Research to study the supervised consumption service.
No pharmaceutical grants were received for operation or research associated with the supervised consumption service.

Preferred Presentation Type
10 minute presentation + 5 minutes of questions

Keywords
Harm reduction, Health Services and Systems, Tertiary Care

Has AI been used in the preparation, drafting, or editing of any part of this submission? No