

OPERATING SUPERVISED CONSUMPTION SERVICES DURING DUAL PUBLIC HEALTH EMERGENCIES: LESSONS FOR FUTURE PREPAREDNESS

Authors:

Gehring ND¹, Cottrell-McDermott C¹, Speed KA¹, McDougall P², Larney S³, McNeil R⁴, Bayoumi A⁵, Kennedy MC⁶, Hyshka E¹

¹School of Public Health, University of Alberta, Edmonton, AB, ²Dr. Peter AIDS Foundation, Vancouver, BC, ³Department of Family Medicine and Emergency Medicine, Université de Montréal, Montreal, QB, ⁴School of Medicine, Yale University, New Haven, CT, ⁵Institute of Medical Science, University of Toronto, Toronto, ONT, ⁶School of Population and Public Health, University of British Columbia, Vancouver, BC

Background:

Supervised consumption services (SCS) are vital for reducing overdose deaths, blood borne pathogen risks, and other health and social harms among people who use drugs (PWUD). However, these services were largely neglected in Canada's COVID-19 public health response, exacerbating vulnerabilities of PWUD amidst ongoing threats of novel synthetic drugs and growing risk of future pandemics or climate emergencies. Understanding SCS operator experiences during COVID-19 can inform best practices for supporting PWUD in future public health emergencies.

Methods:

Between March 2022 and February 2024, we conducted thirty-four two hour-long, interviewer-administered organizational surveys with managers of federally authorized SCS. Closed- and open-ended measures characterized service models and assessed COVID-19 impacts. Descriptive statistics were calculated to analyze operational changes and impacts on PWUD. Open-ended responses were coded to identify strategies for supporting SCS and PWUD during future public health emergencies.

Results:

The majority of SCS employed occupancy limits (77.1%), physical distancing (82.9%), and reduced service offerings (65.7%) during the pandemic. Overdose response procedures also changed, with SCS removing non-essential staff (60%), modifying (34.3%) or minimizing (28.6%) bag-valve-mask resuscitation, and reducing reliance on oxygen/mechanical ventilation (22.9%). 74.3% reported increased systemic, logistical and operational barriers for clients accessing SCS, with 32% experiencing decreased operational hours. Shifts in drug supply, use patterns and service accessibility led to changes in overdose occurrences outside the SCS (65.7%). In preparation for future public health emergencies, participant-recommended strategies included creating centralized collaboration and communication systems and strengthened partnerships with health officials.

Conclusion:

Sustaining SCS service continuity during emergencies is vital to protect the health and wellbeing of PWUD. It necessitates dedicated resources, supportive policies, and recognition of SCS as an essential service. Strengthening these foundations will enhance delivery and responsiveness to shifting public health emergencies.

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