A HARM REDUCTION–ORIENTED, CONSUMPTION-ACCEPTING INPATIENT MODEL OF CARE FOR HIGHLY MARGINALIZED PATIENTS WITH SUBSTANCE USE DISORDERS

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Background:
People experiencing mental illness, homelessness, and substance use disorders (SUD), face structural barriers to somatic and psychiatric health care, resulting in preventable morbidity and premature mortality. Conventional abstinence-oriented acute hospital care often struggles to maintain engagement and retention in this highly marginalized population. Against this backdrop, Sune-Egge Hospital in Zurich was established during the 1980s Platzspitz ("needle park") era, when the city hosted Europe's largest open drug scene. Founded as a volunteer-run hospice, it has since developed into a 22-bed hospital and has been listed on the official hospital register since 2012.

Description of model of care/intervention/program:
Sune-Egge delivers low-threshold acute inpatient medical care for people with SUD within a harm reduction-oriented framework. On-site use of illicit substances is permitted to reduce barriers and facilitate engagement and therapeutic alliance. Care focuses on managing substance-use related complications, particularly infectious conditions, alongside treatment of psychiatric comorbidity. The multidisciplinary model integrates internal medicine, wound care, psychotherapy, art therapy, physiotherapy and social work support.

Effectiveness:
In 2025, 225 inpatients were admitted. Within the descriptive cohort, 77.3% were polymorbid; SUD was documented in 87.6%, psychiatric comorbidities in 71.6%, and homelessness in 37.8%. Infectious diseases accounted for 36.9% of recorded diagnoses. Infection treatment was completed or transitioned to a follow-up institution in 88% of cases. Among patients experiencing homelessness, only 48.2% were discharged to the same living situation. Compared with the high rates of treatment discontinuation commonly reported in general acute care hospitals among patients with SUD, these findings suggest that a consumption-accepting inpatient setting may enable treatment completion and continuity of care.

Conclusion and next steps:
A consumption-accepting and harm-reduction-oriented hospital model can support inpatient treatment for a highly marginalized and polymorbid population with SUD, substantial psychiatric and social complexity. Future research should examine prospective outcomes, patient-reported metrics and comparisons with conventional hospital pathways.

Disclosure of Interest Statement
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