

# EXPLORING THE IMPACT OF SUPERVISED CONSUMPTION SERVICE USE ON PUBLIC INJECTING IN TORONTO, CANADA

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## Background:

Among people who inject drugs, injecting in public or semi-public spaces has been linked to increased risks of HIV, hepatitis C, and overdose. Supervised consumption services (SCS) provide sterile safe spaces to inject – however evidence on their effects on public injecting, particularly during the synthetic opioid-driven North American overdose epidemic, remains limited. We therefore sought to investigate the potential association between SCS and public injecting in Toronto, Canada.

## Methods:

Cross-sectional analysis of the Ontario integrated Supervised Injection Services (OISIS-Toronto) cohort, including people who inject drugs in Toronto, Canada (2018-2020). We describe the prevalence of recent (past 6 month) frequent public injecting (completing >75% of injections in public/semi-public spaces, e.g. parks, bathrooms, alleyways) and recent sociostructural, drug-related, and harm reduction characteristics.

We estimate the effect of SCS use on frequent public injecting using Poisson regression.

## Results:

Among 701 people who inject drugs (65% cis-male, 56% daily injecting, 85% with any recent SCS use), 15% (N=108) reported frequent public injecting. Relative to those with infrequent/no public injecting, those who inject in public were younger (median age [Interquartile Range]: 36 [31-45] vs 40 [33-50]), and more likely to be Indigenous (42% vs 32%), and report recent housing instability (77% vs 40%), syringe sharing (35% vs 20%), incarceration (44% vs 34%), and non-fatal overdose (47% vs 37%) (all  $p < 0.05$ ). Recent SCS use (any vs no use), was associated with a 43% lower prevalence of frequent public injection (adjusted prevalence ratio: 0.57, 95% confidence interval: 0.35–0.94).

## Discussion:

We found SCS use was associated with decreases in public injecting, indicating its benefit for reducing public drug use and drug-related harms. Future research should focus on addressing the needs of people who do not access SCS or for whom SCS access does not meaningfully impact public injecting behaviours.

## Conflicts of interest:

none to declare.