

The 29th Annual Canadian Conference on HIV/AIDS Research Le 29e Congrès annuel canadien de recherche sur le VIH/sida

Session: **KP3**: Saturday May 2 – 11:00:12:30 – People Who Use Drugs

Track: Epidemiology and Public Health
Subject: Evaluations of Public Health Policies, Programs or Interventions
Presentation Type: Oral
Title of Abstract: **“I felt safe there”: Implications of an Acute Care Supervised Consumption Service for the Hospital Risk Environment**

Authors and Affiliations: Brynn Kosteniuk¹, Ginetta Salvalaggio², Hannah L. Brooks¹, Kathryn Dong², Shanell Twan³, Ryan McNeil⁴, Elaine Hyshka¹
1. University of Alberta School of Public Health, Edmonton, AB, Canada, 2. University of Alberta Faculty of Medicine and Dentistry, Edmonton, AB, Canada, 3. Streetworks, Edmonton, AB, Canada, 4. Yale School of Medicine, New Haven, CT, USA

Abstract

Supervised consumption services (SCS) mitigate harms associated with overdose and reduce risk of HIV/HCV transmission amongst people who use drugs (PWUD) in community settings. However, SCS have not been widely implemented or studied in acute care. Hospital bans on substance use can lead to increased risk of overdose, infections, and premature discharge. In April 2018, the Royal Alexandra Hospital in Edmonton implemented North America’s first acute care SCS to help mitigate these harms.

We adopted a focused ethnographic design to examine the perspectives of hospitalized PWUD on the acute care SCS. We conducted 28 semi-structured interviews with patients who were eligible to access the SCS to understand barriers and facilitators to SCS access and impacts of the SCS on patients and hospital outcomes. Thirteen participants identified as women, 16 as Indigenous, and 20 had used the hospital SCS. We employed latent content analysis, and the risk environment framework guided our interpretation of the findings.

The SCS interacts with social-structural characteristics of the hospital environment, shaping patient experiences positively and negatively. Fear of drug-related stigma from hospital staff and policing/surveillance discouraged some patients from accessing the SCS, while peer support and relational care encouraged uptake and ongoing use. Patients who used the SCS perceived it to be a culturally and structurally safe space within a potentially hostile environment. SCS use also reduced harms associated with substance use, decreased self-reported risk of premature discharge, and improved patient satisfaction. However, many patients reported changes in care (e.g., judgement from staff, medication titration) after SCS use.

Acute care SCS may reduce certain risks associated with in-hospital substance use and provide a safer environment for hospitalized PWUD. However, barriers to SCS access and potentially negative implications associated with SCS use must be addressed to facilitate wider uptake and implementation of SCS in acute care.