

Supervised consumption services (SCS) design: A review of stakeholder opinions

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Background

- **Supervised consumption services** are places where people can inject pre-obtained drugs in a supervised, hygienic environment, access sterile injection equipment, and have rapid access to emergency overdose responses - reducing risks associated with using alone; rushing injections; sharing equipment and/or increasing dosages
- Feasibility studies can be conducted to measure one or more of the following elements: acceptability, demand, implementation, practicality, adaptation, integration, expansion and/or limited efficacy testing. **Feasibility studies** include an assessment of **stakeholder opinions about SCS design characteristics including: eligibility criteria, rules, site elements, staffing models and additional services.**
- This scoping review aimed to answer the following question: **what is known in the feasibility study literature about stakeholder** (people who use drugs (PWUD), health care and social service professionals, emergency response and law enforcement professionals, frontline harm reduction staff, business owners) **opinions of SCS design characteristics.**

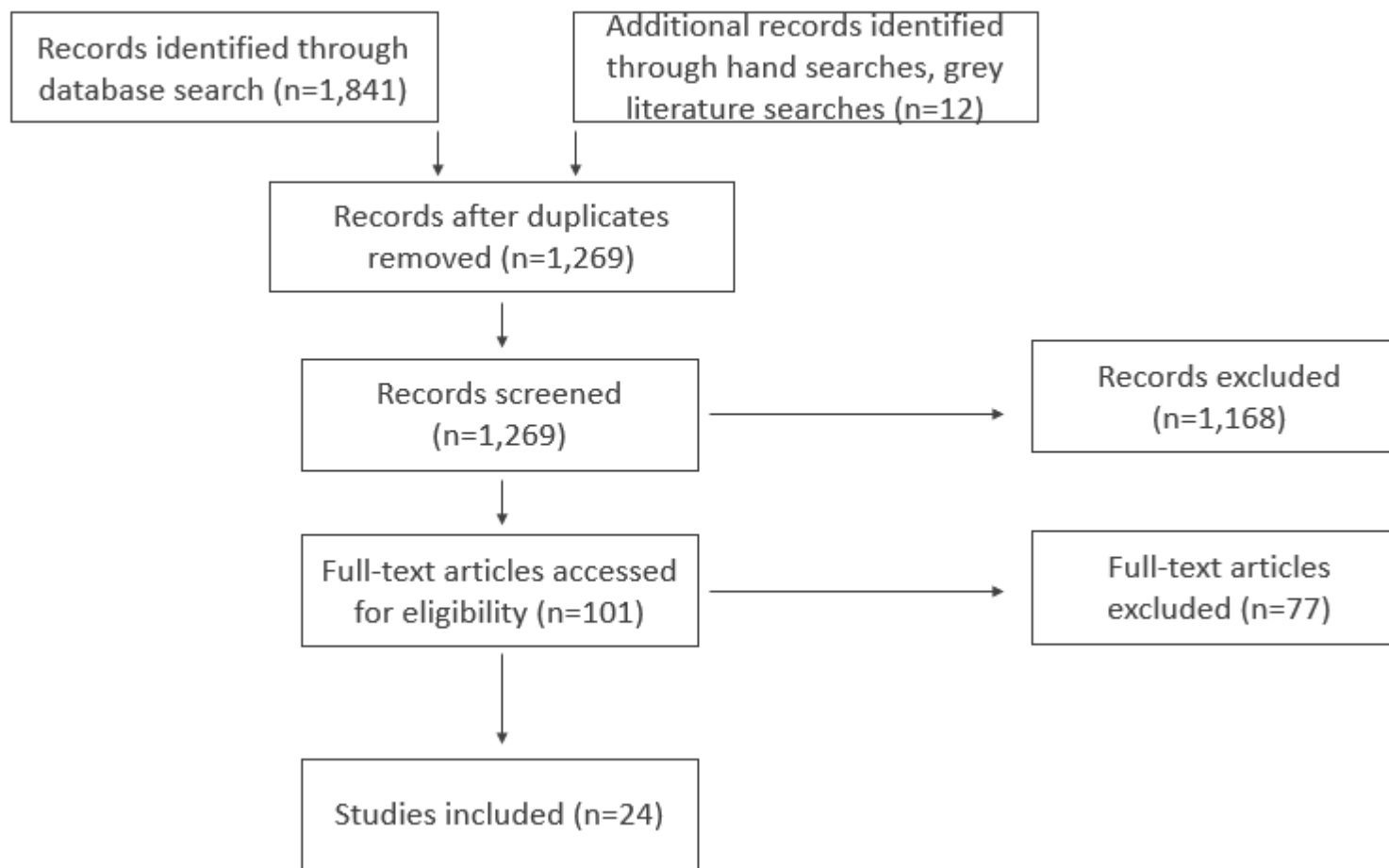
Conflict of Interest Disclosure: we have no conflicts of interest

Methods

- Using the **PRISMA-Scoping Review guidelines**, we searched Medline, PsychINFO, Embase, CINAHL and SCOPUS databases
- **Eligibility criteria:** (a) empirical research, (b) reported in English, (c) focus on SCS, (d) pre-implementation feasibility studies (research conducted prior to implementation of SCS in a given context), (e) examined some element(s) of design (any variable pertaining to SCS operation)
- Abstracts were reviewed by team members; full articles/reports were retrieved; data were extracted and **charted** by design characteristic

Identification
Screening
Eligibility
Included

Diagram I: Methodology following PRISMA-Scoping Review guidelines



Results: SCS service eligibility criteria and operational rules examined in the studies

Service Eligibility Criteria (n=11 studies explored service eligibility criteria)

Age restrictions (n=7)

First-time users/injectors (n= 4)

Citizenship or neighborhood residency requirement (n=5)

Pregnant clients (n=4)

Clients on opioid substitution treatment (OST) (n=1)

Client intoxication (n=2)

Operational Rules (n=12 studies explored operational rules)

Identification and intake protocols (n=6)

Mode of drug consumption (e.g. injection, smoking...) (n=9)

Assisted injections (n=10)

Sharing drugs on-site (n=8)

Maximum number of injections per visit (n=2)

Visit time limits (n=6)

Mandatory supervision during and after use (n=7)

Mandatory hand washing (n=2)

Sites of injection permitted (e.g. neck, groin...) (n=1)

Pill injecting (n=1)

Allowing children on-site (n=2)

Excerpt of findings:

Service Eligibility Criteria : Age (n=7 studies explored this design element)

- *Age restrictions were endorsed by some in hopes that these would shield youth from observing drug use or divert youth to drug treatment and recovery services instead*
- *Opposition to age restrictions was linked to concerns that these might elevate the risk of overdose and other drug related harm if youth could not access services and education*
- *Some participants endorsed youth specific SCS or youth-specific hours to reduce youth exposure to predatory behavior of older PWUD*

Operational Rule: Assisted injections (n=10 studies explored this design element)

- *The majority of studies reported that allowing assisted injections was considered important to: reduce barriers for those who because of disability or other reasons require assistance to inject; reduce dependence of people on others; and reduce harms associated with missed injections or difficulties injecting*
- *Three studies reported that allowing assisted injection within SCS may be especially important for women as women were believed to be more likely than men to require assistance and be willing to access SCS if assisted injections were permitted*
- *Between 62-81% of PWUD participants in three studies reported that they would be willing to use SCS that prohibited assisted injection*

For more details, refer to references listed on slide 5 or please reach out to the study team

Results: SCS site elements, staffing models and additional services examined in the studies

Site Elements (n= 17 studies explored site elements)

Model: integrated, stand-alone, mobile (n=11)

Location (n=15)

Hours of operation (n=13)

Wait times (n=5)

Women-only SCS/women-only hours (n=3)

Layout (n=9)

Separate spaces: injection vs. smoking (n=4)

Site surveillance (n=5)

Police presence (n=5)

Staffing Model (n=11 studies explored staffing models)

Security staff (n=3)

Clinical staff (n=10)

Staff with living/lived experience (n=9)

Additional Services (n=12 studies explored additional services at SCS)

Drug checking services on-site (n=6)

HIV/HCV/STI testing on-site (n=6)

Social services (n=6)

Mental health, addiction services (n=7)

Access to washroom/shower/laundry (n=7)

Excerpt of findings:

Site Element : Hours of Operation (n=13 studies explored this topic)

- Various stakeholders brought up the need for expanding SCS hours of operation to reflect a 24 hour/7 days a week model
- If a 24/7 model was not feasible, there was a preference among PWUD stakeholders for day-time hours of operation between 8 AM and 4 PM
- In a study focusing specifically on stakeholder perceptions surrounding a mobile SCS, PWUD demonstrated a preference for overnight hours of operation. This could perhaps underscore an opportunity for mobile SCS to meet the needs of PWUD wanting to use these services over night

Staffing Model: Staff with Living/Lived Experience (n=9 studies explored this topic)

- Studies sought PWUD perspectives on peer support as well as whether they thought PWUD should be involved in running or operating the service
- Staff with living/lived experience of drug use were recognized for their ability to relate to clients and to increase access by virtue of making PWUD feel comfortable
- Among some studies there was a concern that people with lived experience who had recovered/in recovery, would be negatively impacted by working in a drug using environment. Another concern was that peers be subject to tokenism and underpaid work

Additional Services: Drug Checking (n=4 studies explored this topic)

- Two studies found 74-77% of PWUD considered drug checking on-site to be an important service
- Another two studies demonstrate that between 56-61% of PWUD would use drug checking services
- Many PWUD would not be willing to wait more than 10 minutes for drug checking results

For more details, refer to references listed on slide 5 or please reach out to the study team

Discussion

- For some rules participants of varied social positions held similar opinions (e.g. restricting access based on citizenship and/or local residency or sobriety, support for assisted injections, support for all forms of drug consumption). For other rules there were mixed opinions (e.g. on-site drug sharing, age restrictions, first-time users or injectors)
- By broadly collecting the existing evidence, this review can help demonstrate and understand divergent opinions. As a relatively new public health intervention, sanctioned SCS are often forced to contend with the tension of adhering to a medical or public health model and creating low-barrier services. SCS rules are at the center of this intersection because public health goals may not align with drug use practices and cultural norms among PWUD.
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