



Recovery Science and Harm Reduction Reading Group: August 2021 Summary

Article Summary

The authors of this article report on interviews with people who inject drugs in Ottawa, Canada, to gain information about their experiences with supervised consumption sites. Supervised consumption sites are defined as sites that provide a safe and hygienic space for people to use previously acquired drugs with sterile injection equipment, and medical intervention when needed. The authors talk about various social factors that negatively impact health outcomes among people who inject drugs. For example homelessness, lack of social support, poor access to healthcare, and lack of access to food are additional social factors negatively affecting this group.

The research project worked with a local consumption site to find individuals that may want to talk about their life. The interviews with participants provided information about experiences with supervised consumption sites and how using supervised consumption sites impacted the other social factors.

In reviewing the comments of participants, the authors found themes related to 1) social connectedness, 2) emotional support, 3) safety, 4) housing status, and 5) access to and use of healthcare services. Supervised consumption sites were reported to have positive changes across these themes. Based on their results, the authors suggest that supervised consumption sites can be central in connecting people who inject drugs to healthcare services, plus shelter and supportive housing options.



"It's not just injecting drugs": Supervised consumption sites and the social determinants of health

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ABSTRACT

Background: People who inject drugs are highly vulnerable to social determinants of health (SDOH) inequities, such as homelessness, food insecurity, lack of social support, and poor access to healthcare. Supervised consumption sites (SCSs) have been developed to reduce harms associated with injection drug use but their social impacts remain largely unknown. This study explored service users' experiences with SCSs and how their service use affected their SDOH.

Methods: A qualitative descriptive study design was used. Participants were recruited from an SCS in Ottawa, Canada. Data were collected using in-depth interviews ($n = 21$). Data analysis involved two cycles of coding that were visibly presented in an analytic matrix. Member checking of the findings was then completed using two focus groups ($n = 7$).

Results: Five themes were identified with regard to how SCSs impacted the SDOH: (1) social connectedness and community, (2) emotional support and stress reduction, (3) safety and security, (4) current shelter statuses and search for housing, and (5) health service access and use. The perceived effects of SCSs in these domains were mostly positive, though the importance of being vigilant and cautious when using the services was also expressed by participants.

Conclusions: SCSs represent a potential downstream intervention to addressing some of the SDOH inequities experienced by people who inject drugs. In particular, the findings indicate that SCSs can be a bridge to re-building service users' connections with the healthcare system and an important service in efforts to prevent unsheltered homelessness.

1. Introduction

It is estimated that 15.6 million people globally inject drugs, with approximately 16% of them having HIV and slightly more than half having hepatitis C virus (HCV; Degenhardt et al., 2017). To mitigate the serious health risks associated with injection drug use, public health responses have included various harm reduction services, including supervised consumption sites (SCSs). These facilities, which are also referred to as drug consumption rooms and safer injection sites, provide a safe and hygienic space for people to use previously acquired drugs, access to sterile injection equipment, and medical supervision and intervention when required (European Monitoring Centre for Drugs and Drug Addiction, 2018). Although SCSs have existed since the early 1970s, very few sites were developed outside of Western Europe until recently (Kimber et al., 2003).

In response to a growing opioid-related overdose crisis, Canada has seen a rapid development of SCSs across the country within the last five years (Stone and Shirley-Beavan, 2018). However, political resistance has challenged their continued implementation, including in regions where no such services exist (Kerr et al., 2017; Kolla et al., 2019; Strike and Watson, 2019). Barriers to establishing SCSs persist despite a robust and growing evidence base that the intervention is effective in preventing overdose deaths (Kennedy et al., 2017; Potter et al., 2014), reducing public health risks associated with syringe sharing and reuse (Milloy and Wood, 2009), reducing substance use in public spaces (Kennedy et al., 2017; Potter et al., 2014), and reducing rates of unprotected sexual intercourse (Marshall et al., 2009).

The experience of care is as important as effectiveness in the delivery of quality healthcare (Berwick et al., 2008). For people who inject drugs, negative service experiences, such as stigma and

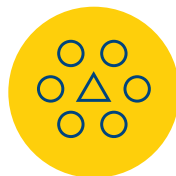
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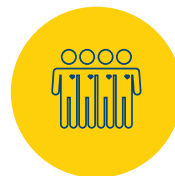
Key meeting themes



Social benefits of consumption sites



Different types of supervised consumption sites



Supervised consumption sites require community support



Stigmatizing language used by medical providers

DISCUSSION SUMMARY

The following themes came from the discussion:



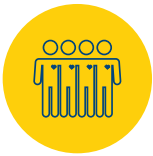
Social benefits of consumption sites

It was noted in discussion that supervised consumption sites have potential for people who use drugs to get social support from peers and medical providers. The group talked about how supervised consumption sites have potential to normalize drug use and reduce stigma in the community.



Different types of supervised consumption sites

Two main types of supervised consumption sites were discussed in this meeting, one being mobile sites (such as a mobile van that can be moved to different locations), and brick and mortar sites (i.e. site remains at a set building). Both types were thought to have positive and negative features, but would depend on the needs of the community the site is meant to serve.



Supervised consumption sites require community support

Group attendees talked about the need for high support from community members even after changes to the law. Support from a range of individuals—such as local community members, civic leaders medical staff, law enforcement, first responders, researchers—will be needed for supervised consumption sites to be successful.



Stigmatizing language used by medical providers

The language often used by medical providers stigmatizes people who use drugs. This means that many people who use drugs do not use healthcare services because of how they've been treated in the past. Group attendees talked about how on-going feedback from community members via focus groups and community advisory boards is one of the most effective solutions for correcting medical provider attitudes.



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