The Implementation of Supervised Consumption Site: Effectiveness and Challenges

Alexandra Zhou Ball

Stamford American International School, Singapore

Alexandra.ball@oliron.net

Abstract. This review paper evaluated the importance of supervised consumption sites (SCSs). SCSs are government funded sites that are free of charge to clients. Currently located in 11 countries around the world. As the "overdoes pandemic" continues, allowing people to consume drugs but under supervised conditions has lowered overdoes rates. Drug addiction is both psychological and physical and can affect anyone. Teens as young as 12 have reported consumption of illicit drugs. Drug use does not have borders or boundaries. This paper looked at the changes that SCSs have manifested despite barriers and investigated the effectiveness of such sites. Evidence shows that the increasingly supportive environment operated by peer workers does in fact prevent overdose. Simultaneously they can raise awareness, test drugs for fentanyl, and reduce the rate of overdoes cases previously treated by emergency services. The success of these sites is vital support for families and other stakeholders. This paper also looked at barriers of SCSs, such as stigma, public opinion, and policies, which may prevent them from reaching potential efficiency. Future research in the psychological, ethical, and financial aspects of SCSs should investigate the full picture on limitations of support.

Keywords: Supervised consumption sites, addiction, Illicit drugs.

1. Introduction

Supervised consumption sites (SCSs) refer to government funded facilities which allow users to consume pre-obtained illicit drugs. This is done free of charge, under the supervision of health care professionals or trained workers. The purpose of SCSs is to prevent overdoes while providing a hygienic environment to avoid health complications such as infection of HIV. Supervised consumption sites are seen as a gateway towards recovery. Clients are brought into safe and accepting environments specifically set up to help them. According to previous research, allowing clients to use drugs under supervised conditions verses rehabilitation or detox programs has mixed results. However, they conclude that sites can be successful path towards recovery [1]. Social stigma against drug use can discourage users from seeking help. SCSs are able to limit the threat of social stigma seen in hospitals or similar environments, therefore, creating a safe environment to foster open-minded thinking, and willingness to partake in further action. Testing drugs for fentanyl or entering detox programs set forth the possibility for rehabilitation. In 2001, 14 million people above the age of 12 have reported use of illicit drugs in the United States [2]. This indicates that there is a demographic which would benefit from such services.

In 2020, 1.16 million people in America were arrested for drug related crimes [3]. With the existence of SCSs and the probability of recovery, gradual decline in demand for illicit drugs would entail decreased supply. Without profit the rate of illegal drug deals and rates of crime can be reduced. In terms of public safety, as sites continue to help clients, drugs wouldn't have to be openly consumed in public areas. This could lower parents' concern for children being exposed to substances. In terms of concerns of funding for such facilities, they are government operated and financed by citizens tax dollars. However, one should consider the short-term cost versus the long-term benefits: safer use, less public disturbance, job opportunities for recovered addicts and increased probability of recovery.

Drug addiction, like any other form of addiction, refers to when someone is psychologically or physically dependent on a substance. It, however, also indicates that that an individual cannot control their behavior, or impulse and continue to use a substance to curve the discomfort of its absence.

Psychologically, the craving for a substance can cause changes in a person's mood but can also be as a result of a person's mood. Physically, as someone consumes more of a substance, they build a tolerance that leads to increased dosage or frequency of consumption. The physical aspect is also why withdrawal can be so difficult. Mood swings, nausea and anxiety often overcome self-control resulting in relapse. As tolerance increases, the dosage they must consume to satisfy their "high" becomes progressively more dangerous. Having SCSs then lowers the risk of overdoses when consuming and is vital support to those with addiction. Addiction can be caused by an array of reasons. No one is immune, and some are more vulnerable than others. Psychologists have also concluded that up to half a person's vulnerability to addiction is based off their genetic makeup [4]. Therefore, the chance of addiction can be drastically higher from one individual to another.

People in poor demographics often rely on substance abuse to alleviate the stress or discomfort of their predicament. However, the same can be said for anyone, work stress, academic pressure and mental health can lead to their desperate need for an outlet. While drugs serve as a comfort, the battle addiction is a fight in itself. In the US alone, since 1999, over 1 million people have died of overdoes [5]. In order to prevent the growing numbers, support services are vital. Humans can't be "fixed" like machines. Everything takes time and funding. Without support from the government, the public, and other stakeholders, such services cannot continue. This paper seeks to outline the effectiveness of SCSs and look at barriers that prevent the establishment and efficiency of the sites.

2. Effectiveness of Supervised Consumption Sites

2.1. The Benefits and Costs of SCS

Caulkins et al. investigated how sites are beneficial to drug users and how services are relatively inexpensive. The study evaluates the quality and relevance of current research regarding SCSs [6]. Said sites are now found in 11 countries around the world and are mainly used to combat the growing "overdoes epidemic" [7]. The study shows that SCSs are effective in that they have not reported any overdoes related deaths at sites. Such sites provide the chance for users to safety consume drugs while also providing support of future steps in recovery. Another important factor is cost efficiency, site usage is free of charge to clients. The study estimated that at Vancouver SCSs, one visitation totals between $7.5-10 for the facility. When compared to the safety benefits of preventing overdoes and infection of disease, it can be concluded that SCSs can pass the "beneficial-cost test". Further results indicate those who frequent SCSs are more likely to practice safe use outside of facilities. These, results could differ from one demographic to another as people's lives differ and access to sites may vary. Though it may seem preferential, cost is an important factor in terms of government budgeting. This study provides incentive to continue and expand services provided to those struggling with drug addiction.

Panagiotoglou et al. sheds light on how the existence of SCSs allows for reduction in use of emergency services for drug related incidents [8]. The impact of establishing overdoes prevention sites (OPSs) and SCSs (in British Columbia, Canada) shows though there is no significant difference in monthly hospitalization or mortality rates. There was 23.5% relative decrease in paramedic attendance, 39% relative decrease in emergency department visits as well as a decline in reported overdoes events. This shows that there is a positive impact from the presence of OPSs and SCSs, particularly in the use of emergency services. The study highlights there are many obstacles that prevent these sites from being 100% effective. Hours of operation, facility capacity, as well as the stigma of police presence still deter the use of sites. The decrease in overdoes related emergencies paves way for other citizens to be assisted with their respective emergencies. In terms of the lives and safety of drug users, 69% of people who died of overdoes did so while they were alone. Allowing for sites could decrease the frequency of drug related deaths.

Karamouzian et al. helps reveal that drug checking helps increase the efficiency supervised injection facilities (SIFs) [9]. Research was conducted at SIFs in Vancouver, Canada. Amid the "overdoes epidemic" many of the cases were associated with street drugs laced with fentanyl. The

issue being that fentanyl, unlike other opioids is synthetic therefore, is 50 times stronger than heroin [10]. The cross-sectional study analyzed the data from SIFs found that only 1% of clients agreed to have their drugs checked. However, of those tested 79.8% were found to be positive for fentanyl. Following the test results 36.3% of participants were willing to reduce their drug does and 11.4% were willing to dispose of the drugs. Yet even within the small numbers, further research suggests that by reducing the drug doses, clients also lowered their chances of overdoes by 95%. The introduction of drug testing the pre-obtained drugs brought in by clients could significantly increase safer consumption but also, ensure informed decision-making. This form of harm reduction is nonphysical and would ensure moral standards are met, once participants are aware of the results the decision remains in their hands. However, the results showed many did decide on self-preservation and chose to discard or not inject the substance. The study justifies the establishment of SIFs by highlighting the impact of drug checking services in ensuring the safety and lives of SIF clients.

The study Kennedy et al. calls attention to the importance of how allowing individuals with their own experience of substance use can enhance the effectiveness of facilities [11]. Peer workers also refers to people who used drugs (PWUD), possess firsthand knowledge of the challenges of addiction, withdrawal, and recovery. This allows them to play a vital role in creating an accepting and safe environment that encourages safer consumption. The research sheds light on the crucial contribution of peer workers in lowering overdose risks and motivating users to help change their lives for the better. OPSs are primarily staffed by PWUD, in the study workers were interviewed, and the findings show a significant positive impact of peer worker involvement. A main reason is found to be because it allows for better engagement with clients as they can empathize with them. This also allowed for promotion of harm reduction behaviors. Peer workers contributed to reducing overdose fatalities because they were able to respond to emergencies and provide vital support. They are a prime example of the lives that future recovered users could lead, peer workers highlight the importance of preserving the lives of those struggling with addiction.

2.2. The Effect of SCSs on Patients and Their Environment

Parkes et al. indicate the positive impact that drug consumption rooms (DCR) in Scotland have on the family members of drug users [12]. The country reports “30.8 drug related deaths per 100000 of the population” [12]. DCRs receive public opposition and families are often faced with negative stigmas associated with drug use. When someone overdoses, their family members are often left with the greatest impact as they are left to mourn the death of their loved one. The study conducted semi-structed interviews with 13 family members of drug users. Results concluded that all participants expressed a degree of support for DCRs. They believed that the sites allowed for a reduction in drug related harms such as the infection of diseases. A prime example being HIV which is incurable and has long lasting effects. It was also noted that DCRs operated by “trusting and non-judgmental staff” provided their loved ones with a safe and accepting environment, which additionally paved the way for recovery. Family members who are significant stakeholders in the success of DCRs, their opinions provide a moving argument in support for the continuation and expansion of services.

3. Barriers in the implementation of SCSs

Bardwell et al. focused on how women often feel barriers due to stigma which prevent them from using SCSs [13]. Inhalation or smoking of drugs is often prohibited at SCS’s however, the study shows many women actually prefer to smoke rather than inject illicit drugs. Further results indicate that women-only sites help relive overdoes risk in women. Participants expressed that barrier such stigma, gender discrimination and feelings of vulnerability often limit the number of women who choose to use SCS’s. In terms of public and government impact, setting up facilities can reduce the amount of public consumption and biohazardous waste such as discarded ash or even secondhand smoke. Gender specific faculties would create a support system that women would feel more comfortable and accepted in. As morale increases so does the possibility of entering rehabilitation or

detox programs. Providing women-based support systems, can prove government concern of citizen wellbeing. The results of Bardwell et al. can influence policy makers as well as the general population to support the proposal for a more diverse mode of consumption.

Sastre et al. research indicates that communication with the general public about the goals and purpose of supervised injection facilities (SIF) could increase public support. The study investigates French public opinion on SIFs [14]. With the "overdoes epidemic" continuing public support of SIF's can help policy development. Communication and participation with the general public is vital to foster such support. Expense is a noteworthy point as the facilities workers and health care professionals are paid by the government. At the end of the day this money comes from their citizens' taxes. Through survey analysis the results showed a range in different opinions. Twenty percent of participants were not very acceptable, 49% were dependent on staff and mission. Finally, 31% were always accepting of SIFs. The study shows how public opinion may vary based on their own concerns about how SIF's may impact public health and safety. Facilities could be accepted by a large majority as long as they were run by health professionals and encouraged drug users to enter rehabilitation or detoxification programs. Public support for harm reduction initiatives in France can be gain as long as there is a degree of transparency in the operations.

Watson et al. explores the importance of support towards younger clients as they are particularly vulnerable to addiction [15]. The study looks at the variables and complexity of setting age restrictions for SIF's by weighting existing law or policies, ethical considerations, and public opinion. The study can be used to inform policymakers and stakeholders to remove or clarify age-related regulations in SIF's and other support facilities. Sites are faced with challenges such as assessing health risks as youth are a high-risk population. Consumption of drugs can slow or damage development as well as put them at risk of acquiring HIV and other infectious diseases which may not be curable and will affect the rest of their lives. Results found through interviews showed that users were often willing but unable to use SIFs. This was especially true in rural areas or areas with impoverished demographics as medical assistance may be harder or too expensive to access. Other factors being legal frameworks, and social stigmas present challenges to supporting younger users. The research emphasizes that age restrictions should be set on evidence-based decision-making that considers both public health and individual rights.

4. Conclusion

The studies analyzed in this review paper show that harm reduction facilities (SCS, SIF, DCR, OPS) do have a positive impact. They can prevent overdoes and also provide clients with safe environments in which fear and stigma are reduced. It was also found that families are able to find a sense of relief as facilities are able to keep their loved ones from overdosing. Though there are barriers preventing SCSs from reaching their full potential, current research does indicate there are long term and short-term benefits facilities provide. Although current research does investigate public opinion, there is no detail regarding moral standards. Moral and ethical principles drive and determine people's personal opinions. There are many factors that contribute to the foundation of one's schema, nationality, culture, and religious beliefs. Insight into specific reasoning could be crucial to understanding the ethics and morals that limit public support. SCSs are government funded and even though there is research into the cost and expenses of the facilities. Research into budget allocations and the possible impact establishing sites may have on the economy has not been conducted. Such research would give perspective into the feasibility of expanding or building more sites and the financial effect on taxpayers.

Current research does not yet include investigation into the psychological impact of addiction and emotional support that SCSs may or may not provide. In terms of public opinion this could be vital for a deeper understanding and support. Mental health is widespread in itself and increased research would benefit the demographic that is similarly affected. No research has indicated the type of clients that utilize SCSs, meaning data on first time users or multiple relapse personal is not explored. This

could advance understanding for both the health care professionals and peer workers of sites into adopting more appropriate methods of treatment and approach. Similarly, SCSs are seen as a gateway to recovery, but trials in re-integration through collaboration with support services could also help prove effectiveness of the sites.

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