

Hospital-Based Supervised Consumption Services

Experience Exchange

We spoke to four members of the Hospital-Based Supervised Consumption Services (HB-SCS) Community of Practice who have been involved in the creation and implementation of a Supervised Consumption Site from the beginning.

[Visit this link for the full Q&A interviews](#)



Janet Butler | RN, BN
Clinical Nurse Educator
Royal Alexandra Hospital
ARCH Program
Edmonton, Alberta



Adele Bodson | BScN, RN
Interim Quality and Education Lead for Addiction Services
Health Sciences North (HSN)
Sudbury, Ontario



Elizabeth Dogherthy | RN, BNSc, MNsc, PhD
Clinical Nurse Specialist – Substance Use
Providence Health Care – St. Paul's Hospital
Vancouver, B.C.



Casey Schapel
Harm Reduction Lead
Casey House
Toronto, Ontario

Key conversation takeaways

People use substances in hospital and need to be supported

- Research has shown that if patients are using drugs before presenting to hospital, approximately 44% will continue to use while in hospital¹.
- Without a SCS site, patients are compelled to hide their use or leave the hospital against medical advice, increasing healthcare costs and risk of injury or death.
- Having a SCS site located in the hospital is a way to reduce these costs and harms and to support patients so they can stay to complete their treatment.

“Patients have not just recently started using substances in the hospital setting, this has been an ongoing concern, just not spoken about openly. We are finally making it visible and are trying to find a solution to a problem instead of just wiping it away.” - Adele

Other harm reduction initiatives or services in place

Each of the four hospitals shared that they have other important harm reduction services in place in addition to their SCS initiative:

- HSN in Sudbury has an Addiction Medicine Consult Service (AMCS), an Addiction Medicine Unit (AMU), and a harm reduction committee.
- St. Paul's Hospital in Vancouver has an Addiction Medicine Consult Team (AMCT).
- Royal Alexandra Hospital in Edmonton has an Addiction Recovery and Community Health (ARCH) team.
- Casey House in Toronto had had 24/7 harm reduction supplies and distribution prior to setting up their SCSs, as well as training for all staff on harm reduction history, philosophy and trauma informed care.

Respondents also noted that it is important to have harm reduction philosophy written into organizational mission statement, values, and policies.

“We also have a Harm Reduction Committee that focuses on infusing a harm reduction philosophy throughout our organization. **The priority is around risk behaviours and pushing a patient-first, collaborative decision-making approach, moving away from the paternalistic, abstinence-based focus and shifting internal biases.**” - Adele

Key stakeholder groups that need to be consulted

Leadership

Strong support from hospital leadership was cited as a key enabling factor for all four sites.

Staff

Getting buy-in from hospital staff was the most cited factor for successful implementation.

People with lived & living experience (PWLLE)

Peers/PWLLE provide invaluable information about site set-up, vulnerabilities, and how to make people feel safe.

The more we're working with peers **we realize they're teaching us so much about the nuances of overdose response.**” - Liz



Who else to consult with:

- ✓ Occupational Health & Safety
- ✓ Infection Prevention and Control
- ✓ Housekeeping
- ✓ Security
- ✓ Other departments located physically near the SCS space

Key things to consider

Physical Space



- When planning the space, include a place for patients to rest after using the SCS.
- Inhalation is a growing preferred method of use², so planning the space to accommodate safer inhalation is critical.

Protocols and Training



- Update nursing guidelines to communicate how non-SCS nurses should monitor a patient post-overdose.
- Update operating procedures; determine when a code blue is needed, who is the most responsible person, and how and when to administer naloxone.
- Make training available for all staff on the history and philosophy of harm reduction, the harms of stigma, and trauma-informed care.

Privacy



- Consider how you will protect the patient's anonymity and confidentiality in the hospital setting and who needs to know about a patient's use of the SCS.
- Use patient agreements to set expectations and ensure informed choice.
- Use administrative tools such as locking parts of patient's charts to protect anonymity.

Some ways to measure HB-SCS success

- ✓ Number of overdoses reversed
- ✓ Number of SCS visits
- ✓ Patient satisfaction
- ✓ Increased patient disclosure of substance use
- ✓ Decreased incident reports
- ✓ Decrease in patients self-discharging against medical advice

Final words of advice

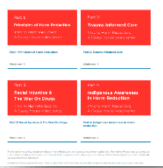
“Know there are other hospitals out there who are doing this. We know that PWUD deserve and require healthcare just as much as anyone else — if you are the only person in a hospital and feel alone pushing that agenda, know that you are not alone, there are other people who feel that way, so finding those allies is really crucial to driving it forward.” - Casey

References

1. Grewal, H.K., Ti, L., Hayashi, K., Dobrer, S., Wood, E. & Kerr T. (2015). Illicit drug use in acute care settings. *Drug and Alcohol Review*, 34 (5), 499-502. Available: <https://doi.org/10.1111/dar.12270>. Accessed august 29, 2023.
2. Kamal, A., Ferguson, M., Xavier, J.C., Liu, L., Graham, B., Lock, K., Buxton, J. (2023) Smoking identified as preferred mode of opioid safe supply use: investigating correlates of smoking preference through a 2021 cross-sectional study in British Columbia. *Substance Abuse Treatment Prevention and Policy* 18, (27). <https://doi.org/10.1186/s13011-023-00515-4>. Accessed September 6, 2023.

Resources

These resources were shared during the Q&A interviews and can be used by other hospitals considering establishing supervised consumption services on-site.



Harm Reduction Capacity Building Training Series | *Casey House*
A series of four training videos developed by Casey House and made available for free. Intended for health care and support service providers.



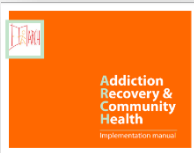
Medication Safety Practice Pointer | *Providence Health Care*
Ongoing Care & Monitoring on the Unit Post-Overdose at OPS (Double-click on the icon to open embedded file).



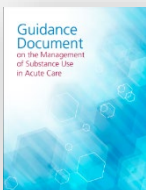
Philosophy of Care | *Providence Health Care*



Implementation of a Nurse-Led Overdose Prevention Site in a Hospital Setting: Lessons Learned from St. Paul's Hospital, Vancouver, Canada | *Providence Health Care*



Addiction Recovery & Community Health (ARCH) Implementation Manual | *Royal Alexandra Hospital*
This manual details the ARCH approach and implementation process for developing specialty addictions services.



Guidance Document on the Management of Substance Use in Acute Care | *Royal Alexandra Hospital*
This manual details the ARCH approach and implementation process for developing specialty addictions services.



Inpatient Naloxone Distribution: Our First Steps into Hospital Based Harm Reduction Initiatives | *Health Sciences North*