

## Overdose Prevention Sites:

The logic for overdose prevention or supervised consumption sites is simple. Opioids kill by shutting down the brain's respiratory center. Breathing slows, then stops. An individual who has overdosed on opioids will die from lack of oxygen in a matter of minutes. That's plenty of time for a trained person on the scene to administer naloxone, which re-starts breathing immediately. But it isn't enough time for an ambulance to arrive after a 911 call.

## WHAT?

Health Canada provides **legal sanctions for Overdose Prevention Sites [Urgent Public Health Need]** which offer a clean, safe environment in which people can inject drugs they have purchased elsewhere. They do so under the supervision of staff, who act much like lifeguards do at a swimming pool. Staff members are always on the scene and armed with naloxone, which they can readily administer if needed so no overdose becomes a fatality.

**Supervised consumption services** (SCS) are provided in legally sanctioned facilities that allow people to consume pre-obtained drugs under the supervision of trained staff and which are also designed to reduce the health and public order issues often associated with public drug consumption.

Facility staff members do not directly assist in consumption or handle any drugs brought in by clients, but are present to provide sterile injection supplies, answer questions on safe injection practices, administer first aid if needed, and monitor for overdose. This is particularly pertinent to fentanyl because the onset of overdose is rapid and waiting for an ambulance may mean death or permanent brain damage due to lack of oxygen. SCS staff also offer general medical advice and referrals to drug treatment, medical treatment, and other social support programs.

## Benefits of OPS/SCS

Over 100 evidence-based, peer-reviewed studies have consistently proven the positive impacts of supervised consumption services, including:

- Increasing entry into substance use disorder treatment
- Reducing the amount and frequency that clients use drugs
- Reducing public disorder and public injecting while increasing public safety
- Reducing number of discarded needles/syringes
- Reducing HIV and Hepatitis C risk behavior (i.e. syringe sharing, unsafe sex)
- Successfully managing frequent on-site overdoses and reducing drug-related overdose death rates (there has not been a single overdose fatality at any SCS worldwide)
- Saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services
- Increasing the delivery of medical and social services

## Why an OPS for Moncton?

- 850-900 individuals currently access ENSEMBLE's harm reduction services
- January to June 2020 there were 17 drug related deaths in NB
- Moncton, Riverview and Dieppe saw 186 individuals administered naloxone to reverse affects of overdose by Ambulance NB from 2009 to 2018
- Increased public drug usage
- Current drug supplies are not safe, crystal meth has become difficult to source. Dr. Susan Crouse reports an increase in opioid use from unreliable sources. Therefore the risk of overdoses increase.
- We have been delivering harm reduction services in the community for many years, this is an additional harm reduction service
- Most of the people using the service will be existing clients.

## **VANCOUVER research**

We found significant reductions in public injection drug use, publicly discarded syringes and injection-related litter after the opening of the medically supervised safer injecting facility in Vancouver.

Our findings are consistent with anecdotal reports of improved public order following the establishment of safer injecting facilities<sup>12,15</sup> and are not surprising given that a commonly reported reason for public drug use is the lack of an alternative place to inject and that IDUs who go to safer injecting facilities are often homeless or marginally housed.

Our observations suggest that the establishment of the safer injecting facility has resulted in measurable improvements in public order, which in turn may improve the liveability of communities and benefit tourism while reducing community concerns stemming from public drug use and discarded syringes.

It is also noteworthy that we did not observe an increase in the number of drug dealers in the vicinity of the facility, which indicates that the facility's opening did not have a negative impact on drug dealing in the area.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC517857/>

## Overdose Prevention Site / Supervised Consumption Site Community Steering Committee

### PURPOSE:

The Community Steering Committee provides a forum for open communication between health care and service providers; people who use drugs [PWUD]; other stakeholders; and the community to explore the establishment of an Overdose Prevention Site [OPS]. It is envisioned that such a site will evolve into a Supervised Consumption Site [SCS].

The committee will be a venue to freely exchange information, discuss issues, and fulfill its purpose by being solution-focused and responsive to community concerns.

### SCOPE:

To research best practice models within Canada; engage stakeholders in dialogue; gather feedback from stakeholders; and prepare recommendations regarding feasibility of establishing an OPS.

### TO DATE:

1. Formed a community steering committee in 2019 consisting of community stakeholders including people with lived experience.
2. Sourced resources such as policies and procedures based on best practices from existing sites in other parts of Canada.
3. Sourced training for community stakeholders through a nationally funded project delivered by the Dr. Peter's AIDS Foundation
4. Surveyed 70 people who use drugs to determine if they would use the services if an OPS was available. 34/70 indicated they would use the service.
5. Received permission from a property owner to use premises for an Overdose Prevention Service.
6. Drafted budgets based on three staffing/operational scenarios: \$65,000 to \$204,000
7. Various committee members attempting to identify funding sources.

**We cannot submit an application to Health Canada for a Federal Exemption to open a site unless we can provide confirmation of sustainable funding.**

**SHIFT IN MINDSET** as it relates to addictions disorders AND not necessarily new monies but as Dr. Michael O'Shaughnessy, the founder of BC's Centre for Excellence in HIV/AIDS has said a **REPURPOSING OF**

**FUNDS** is needed to address this drug crisis we find ourselves immersed in.

Number of patients administered Naloxone by region: January 1, 2009 - December 31, 2018											
EAST			NORTH			SOUTH			WEST		
Region	# patients	% of total patients	Region	# patients	% of total patients	Region	# patients	% of total patients	Region	# patients	% of total patients
E1	92	9%	N1	38	4%	S1	33	3%	W1	32	3%
E2	60	6%	N2	28	3%	S2	25	2%	W2	16	2%
E3	186	17%	N3	39	4%	S3	211	20%	W3	106	10%
E4	14	1%	N4	45	4%	S4	17	2%	W4	11	1%
E5	31	3%	N5	63	6%				W5	19	2%
<b>Total</b>	<b>383</b>	<b>36%</b>		<b>213</b>	<b>20%</b>		<b>286</b>	<b>27%</b>		<b>184</b>	<b>17%</b>

ENSEMBLE Services:

April 2019 to March 2020 – served 894 unique individuals

Needles distributed in 2019-2020 = 485,762

Needles returned in 2019-2020 = 639,181