

**Observed consumption services save lives. Observed consumption services (OCS) include Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS) where people are given a safe space to use their substances under the supervision of someone trained to recognize and respond to an overdose. This enables a rapid response to an overdose, which prevents brain injury and death. Observed consumption services should be widely available throughout BC. Employing people with lived experience at these services provides optimal support for people who use drugs.**

## Background on Overdose Response and Observed Consumption Services

In April 2016, British Columbia's Provincial Health Officer declared a public health emergency under the Public Health Act in response to rising drug overdoses and overdose deaths in the province. Despite increasing access to opioid agonist treatment and naloxone, overdose deaths are not decreasing because of unprecedented drug toxicity due to fentanyl and other synthetic analogues. The reasons underlying this crisis are complex, and multi-pronged collaborative responses are imperative in order to save lives and prevent long term health complications. Examples of effective and important programs that have been established to prevent overdoses and deaths in BC include:

- **Take Home Naloxone kits** containing naloxone, an antidote to opioids that temporarily reverses an overdose by binding to opioid receptors in the brain. It pushes the opioid off the receptor and restores breathing. Kits are available at no cost for people at risk of experiencing or witnessing an overdose. This enables people who use drugs in informal settings to observe one another and intervene as necessary in the event of an overdose. Overdose recognition and response training and kit distribution occur at more than 1,500 sites across the province including observed consumption services.<sup>1</sup>
- **Supervised Consumption Sites** which operate under a section 56.1 federal exemption of the Controlled Drugs and Substances Act (CDSA). Research from Insite in Vancouver and around the world consistently shows that SCS reduce overdose deaths, drug use in public/outdoor spaces, unsafe injection and transmission of infectious diseases; and that SCS increase connection of people who use drugs to health and social services.
- **Overdose Prevention Services** were introduced in BC in December 2016 when the BC Minister of Health issued a Ministerial Order to health authorities to open OPS across the province as a medically necessary response to preventing overdose deaths in the face of the declared emergency.<sup>2</sup>

BC Coroners data shows that most of those who die of an overdose used drugs alone.<sup>3</sup> To prevent death when an overdose occurs, it is critical to provide welcoming spaces where people who use drugs do not have to be alone, but can be monitored by someone who can respond quickly to the overdose (i.e. give breaths, administer naloxone, and call for assistance where necessary). OPS locations are often managed by health authorities in collaboration with contracted community partners. The BCCDC in partnership with the Overdose Emergency Response Centre has developed best practice guidelines to support overdose prevention services.<sup>4</sup>

## Availability and impact of Observed Consumption Services in BC

As of June 2019, there are 33 health authority-funded locations across BC offering OPS/SCS. In addition to standalone services, there are other forms of OPS based in a wide range of settings. For example, in the Vancouver Coastal Health region, there are over 25 OPS sites based in housing settings. Since January 2018, there have been more than 885,400 visits to SCS and OPS for observed substance use. Among these, about 5,470 overdoses were attended and reversed by staff and peer workers. A mathematical modelling study conducted by the BCCDC found that providing observed consumption services prevented overdose deaths.<sup>5</sup>



# Observed Consumption Services



## Observed Consumption Services may also:

- Provide harm reduction supplies (e.g., sterile needles/syringes, cookers and condoms) and education on safer substance use, collect used needles, provide overdose prevention, recognition and response training, and distribute Take Home Naloxone kits;
- Provide drug checking services to inform people about what is in their drugs, including high-risk substances such as fentanyl;
- Connect people who use drugs with health and social services to support their wellness, as determined by the individual.
- Enable people with similar lived experiences to create connection and community; and
- Provide alerts to clients related to emerging issues such as contaminated batches of drugs.

## The value of engaging people with lived experience in all aspects of Observed Consumption Services

Given the low-barrier nature of observed consumption services, these services are often the first point of contact with the health system for people who use drugs. This coupled with the engagement of peers is crucial to building connections to other health and social services. Engaging people with lived experience of substance use in the design, implementation and delivery of OPS creates services that are more responsive and acceptable to clients' needs.<sup>6</sup> People with lived experience bring a wealth of practical experience, knowledge, and understanding to support and connect with people to develop trusting relationships within these settings. They are seen by OPS and SCS clients as peers who offer relevant, acceptable and trusted information, and provide a respectful environment where clients can feel safer. Many people with lived experience are already highly skilled, or can be easily trained, to respond safely and effectively to overdoses.

## Establishment of Observed Consumption Services

Observed consumption services are part of necessary health care for people who use drugs. Research has demonstrated the significant role that OPS and SCS have played in preventing overdose deaths in BC.<sup>5</sup> Federal, provincial, and municipal governments should not obstruct the establishment of OPS.

**Overdose prevention services are critical to save lives and should be widely available throughout the province. Ensuring that overdose prevention services are peer-centered and employ people with lived experience creates a safer environment for people who use drugs as well as provides opportunities for connection, referrals and support.**

## References

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