HARM REDUCTION IN CANADA

LESSONS LEARNED AND REFLECTIONS

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OUTLINE

- Harm reduction
- Canadian context
- Lessons learned
  1. Overdose deaths are preventable
  2. Harm reduction is standard of care
  3. Harm reduction is not enough
- Reflections
  1. Reducing harms in a harm-inducing context
  2. Responding to a toxic drug supply
  3. Restricting access to opioids is not a solution
- Conclusion

HARM REDUCTION

Refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of drugs without necessarily reducing or stopping drug consumption
(Canadian Harm Reduction Network)

Values life, choice, respect and compassion over judgement, stigma, discrimination and punishment
(Source unknown)

HARM REDUCTION

- Harm reduction is:
  - Historically grassroots and community-focused
  - Pragmatic and patient-centered
  - Ethical and non-judgmental
  - Evidence-based and proven to work
  - Cost-efficient and cost-saving
  - Life-saving
  - A human right

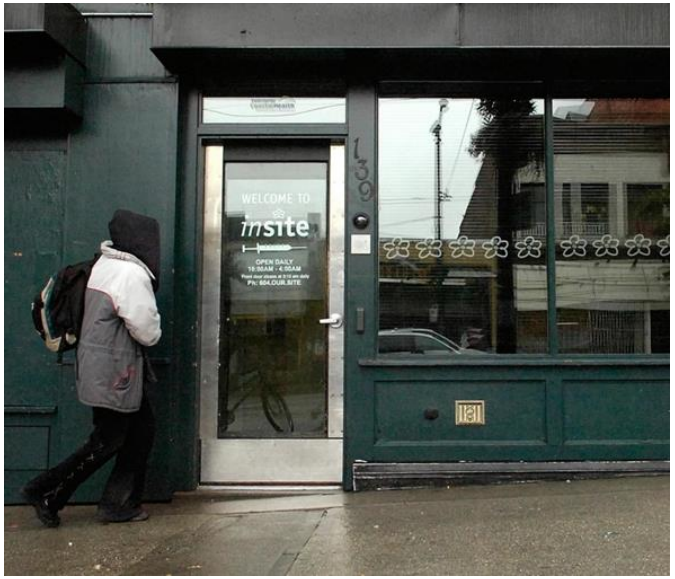
CANADIAN CONTEXT

HISTORICAL OVERVIEW

- 1987 First version of the National Drug Strategy
- 1992 Second version of the National Drug Strategy
- 1998 Inclusion of harm reduction pillar
- 2000 Vancouver: Four Pillar Approach to Drug Problems
- 2003 National Drug Strategy renewed with four pillars
- 2006-15 Active opposition to harm reduction (Harper era)
- 2007 Introduction of the National *Anti*-Drug Strategy
- 2016 Introduction of National Strategy on drugs and other substances (reintroduction of harm reduction)
- 2018 New Democratic Party and Liberal Party vote resolutions to support drug decriminalization
- 2018 The cities of Vancouver, Toronto, and Montreal call for drug decriminalization

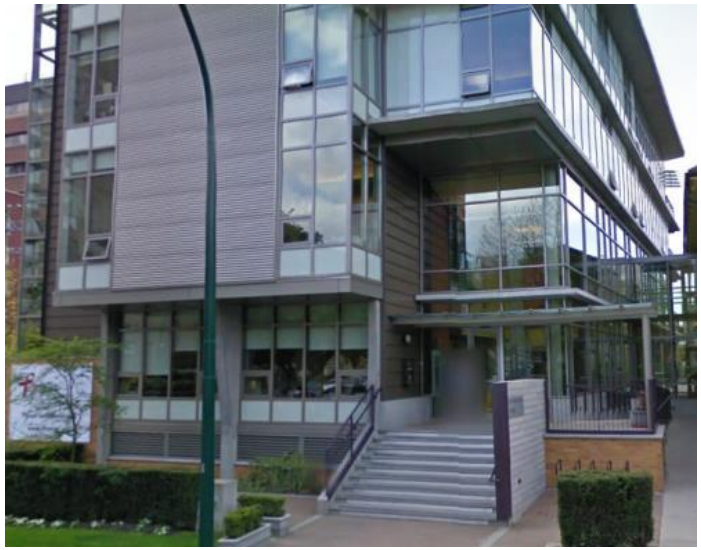
FIRST SUPERVISED INJECTION SITE

- Insite (Vancouver)
  - Opened in 2003
  - First supervised injection site in North America
  - 3.6 million clients since opening
  - Average of 400 injection room visits per day



FIRST SUPERVISED INJECTION SERVICE

- Dr. Peter Centre (Vancouver)
  - Opened in 1997 as a centre for people living with HIV
  - First health care facility in North America to integrate supervised injection services in its model of care (2002)
  - Functioned without a federal exemption until 2014



PROCESS

FEDERAL LEVEL
(CDSA)

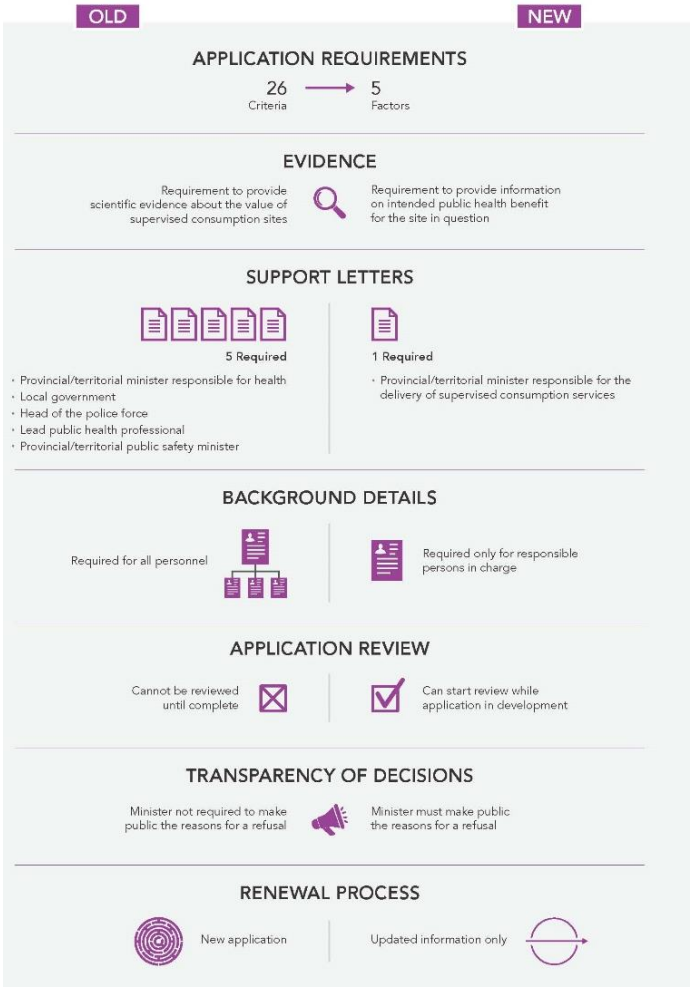
- Criteria for exemption
- Exemption application

PROVINCIAL LEVEL
(health care delivery)

- Additional criteria
- Implementation
- Funding

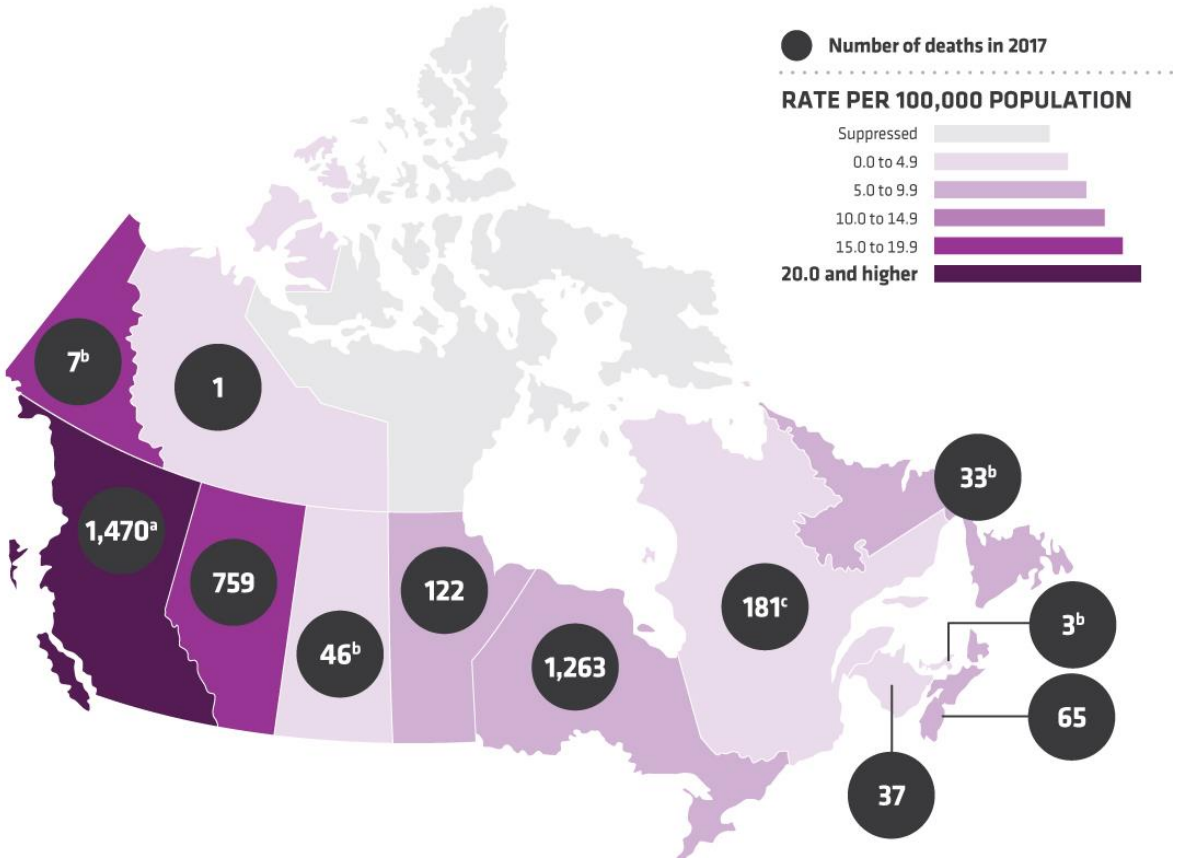
EXEMPTION

- From 26 criteria (2015)
  - Conservative strategy to block SIS
- To 5 criteria (2016)
  - Introduced by Liberals to « streamline »
    - Impact on crime rates
    - Local conditions indicate need for site
    - Regulatory structure in place
    - Resources available to support the maintenance of site
    - Expressions of community support or opposition



OVERDOSE CRISIS

- 2017: 3,987 apparent opioid-related deaths in 2017
- 37% increase from 2016 (2,978)



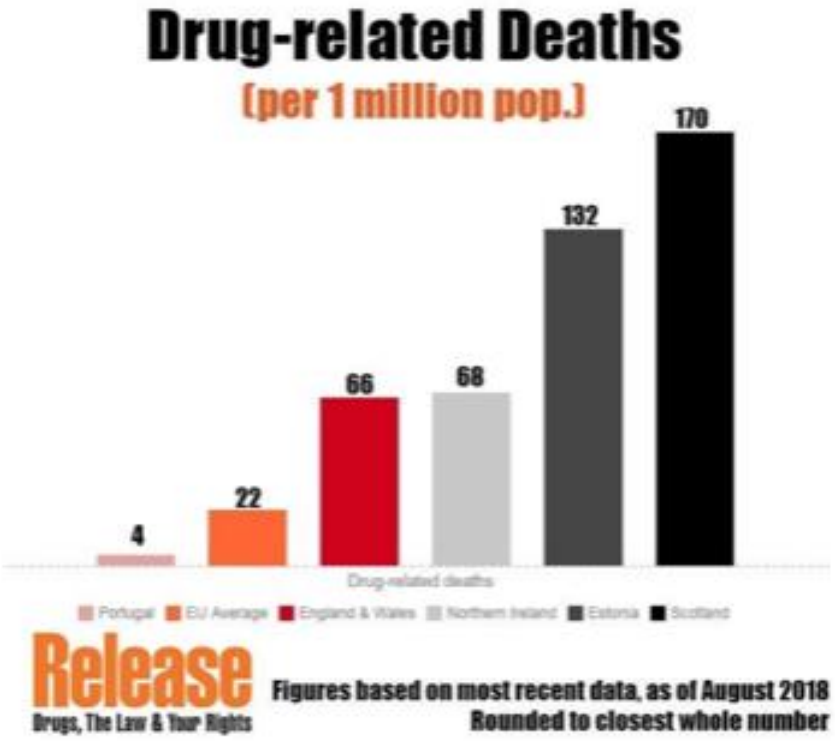
OVERDOSE CRISIS

- Who is dying?
  - Men (76%)
  - Age
    - 20-29 (20%)
    - 30-39 (27%)
    - 40-49 (22%)
  - Fentanyl or analogues (68%)
  - Involving other substances (72%)
  - Indoors (90%)

OVERDOSE CRISIS

#STOP THE DEATHS

- Scotland is in the midst of an overdose crisis
- It is also faced with an HIV outbreak and high rates of HCV



OVERDOSE CRISIS

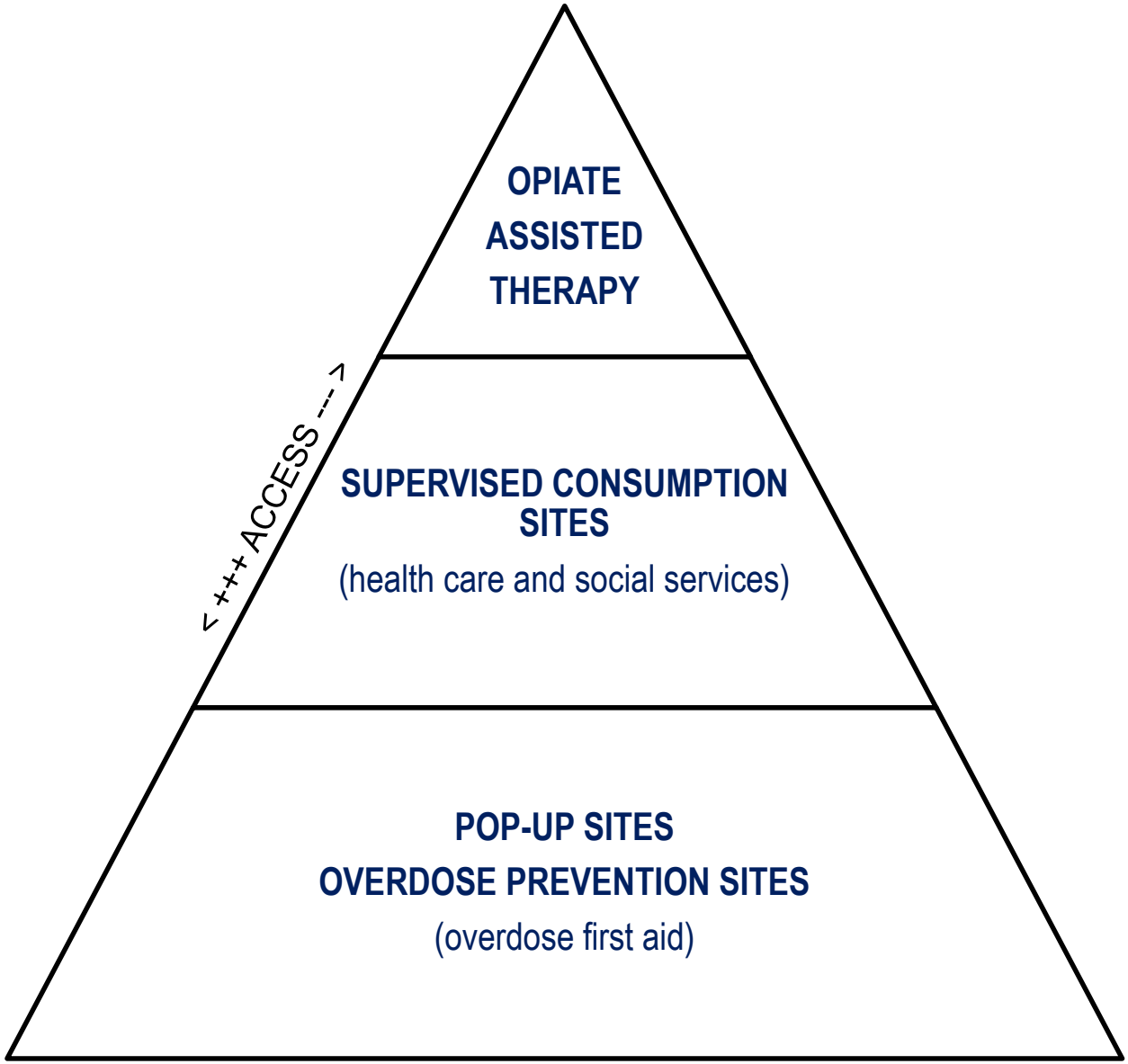
#STOP THE DEATHS

- Scotland recorded 934 overdose deaths in 2017
- BC declared a public health emergency in April 2016 when it was predicting 800 deaths. Last year, it recorded close to 1400 deaths

LESSONS LEARNED

1. OVERDOSE DEATHS ARE PREVENTABLE

- Overdose prevention 101
  - Do not use alone
  - Take your time
  - Test your drug
    - Drug testing continuum : from spectrometry to “test shots”
  - Carry naloxone
    - Wide distribution and as easy to obtain as possible
    - Mandatory for all frontline groups: firefighters, police, paramedics, bar staff, librarians, school staff, support workers, prison guards
  - Access first aid (including oxygen)
  - Call 911
    - Good Samaritan Law


OPIATE
ASSISTED
THERAPY
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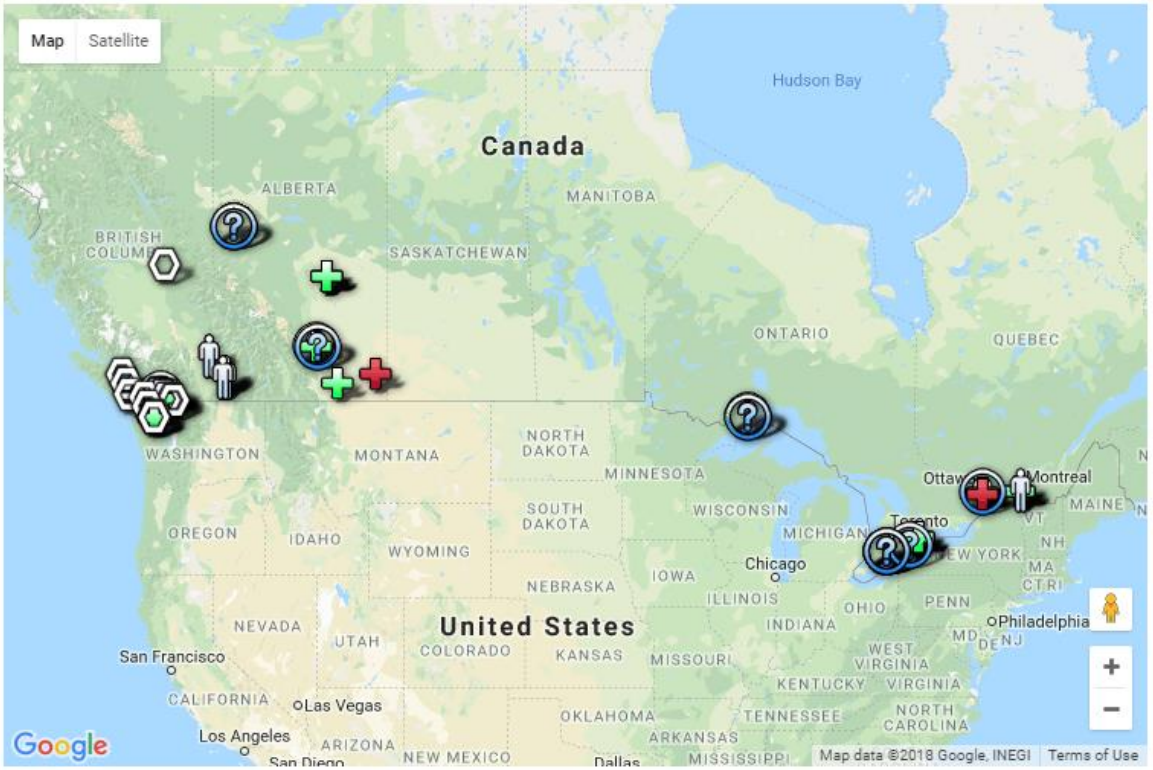
SUPERVISED CONSUMPTION
SITES
(health care and social services)
POP-UP SITES
OVERDOSE PREVENTION SITES
(overdose first aid)



(Direct link | Source: Health Canada)

Approved Supervised Consumption Site Offering Services

Approved Supervised Consumption Site Not Offering Services

Pending

Mobile site

Overdose Prevention Site

3 opiate assisted therapy sites: hydromorphone (3) + diacetylmorphone (1)
20+ supervised consumption sites (only 1 with safer inhalation)
20+ overdose prevention sites
20+ managed alcohol programs

Source: Pivot Legal Society (August 2018)

OVERDOSE PREVENTION SITES (OPS)

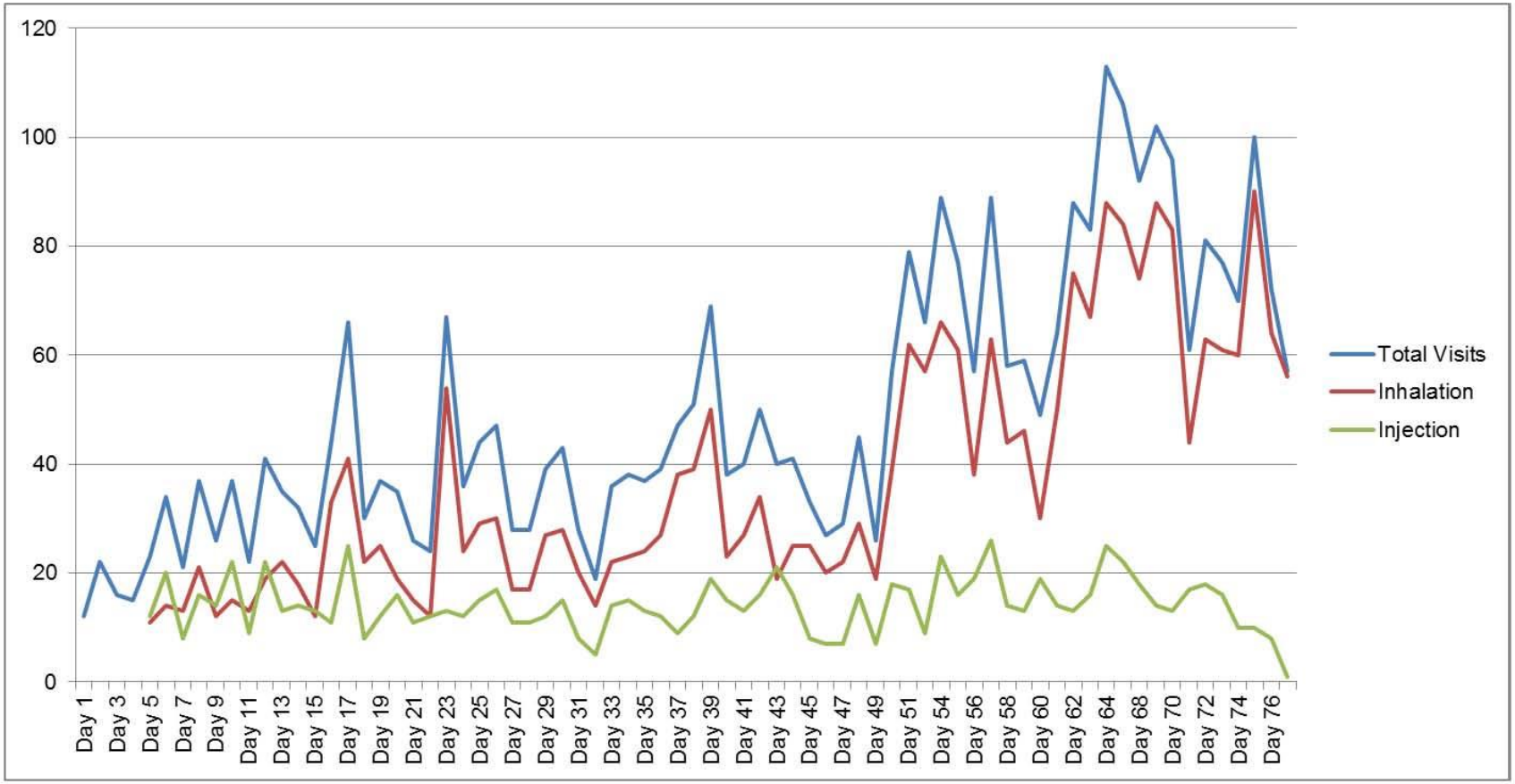
- In British-Columbia (2016)
  - Spring: province declares public health emergency
  - Fall: 1st outdoors pop-up supervised injection sites open
  - December: ministerial order issued by the BC Minister of Health
    - Ex: 108,804 visits to 1 site (Dec 2016-Oct 9) = 255 ODs = 0 deaths

OVERDOSE PREVENTION SITES (OPS)

- In Ontario (2017)
  - Summer: Toronto opens OPS in Moss Park
  - Summer: Ottawa opens OPS in Raphael-Brunet Park
  - December: Health Canada gives exemption to open OPS in ON
  - January: OPS program launches
  - August: OPS program is put on hold (Conservative government)

Total number of visits
Total: 3667
Inhalation: 2616
Injection: 986

Day 52, 66, 67 do not appear in graph due to forced closure (weather)
Breakdown not recorded from day 1 to day 4



OVERDOSE PREVENTION SITES (OPS)

- Why they work?
  - Overdose prevention 101
  - Quick implementation
  - Peer-driven
  - Operate outside heavy bureucratic structures
  - No barriers
  - Peer-based assisted injection possible

SUPERVISED CONSUMPTION SITES (SCS)

- Research to date (Potier et al., 2014; Kennedy et al., 2017)
  - ↓ overdose-related deaths (no death ever recorded in a site)
  - ↓ in syringe sharing / reuse
  - Safer injection practices including
    - ↑ use of sterile materials
    - Drug checking related to reduced doses
  - ↑ in condom use (Marshall et al., 2008)
  - Rapid care for skin and soft tissue infections
  - Safer space away from the dangers of drug scene (women)
  - ↓ blood-borne infections*
  - ↑ referrals and treatment initiation
  - ↑ access to care

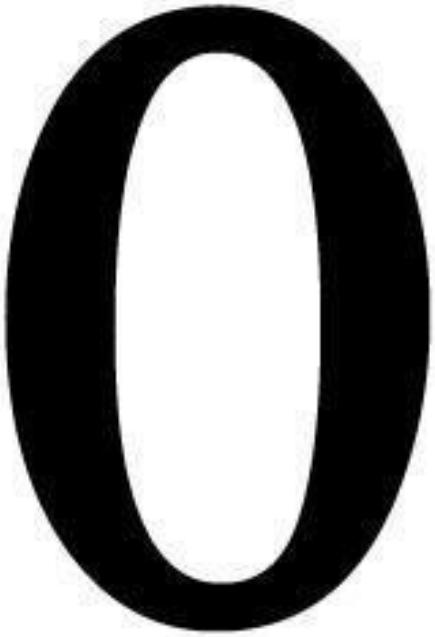
SUPERVISED CONSUMPTION SITES (SCS)

- Research to date (Potier et al., 2014; Kennedy et al., 2017)
  - ↓ of people injecting in public
  - ↓ discarded syringes and needles
  - ↓ in complaints
  - No increase in crime, violence or drug trafficking
  - No ↑ drug-related offenses overs 10 years in Australia
  - Cost-effective (n=6)

In the present systematic review, we identified consistent, methodologically sound evidence demonstrating the effectiveness of SCS in achieving their primary health and public order objectives. Further, the available evidence does not support concerns regarding the potential negative consequences of establishing SCS, including that these promote drug use or attract crime.
(Kennedy et al., 2017 p.177)

SUPERVISED CONSUMPTION SITES (SCS)

- Number of deaths in SCS in the world



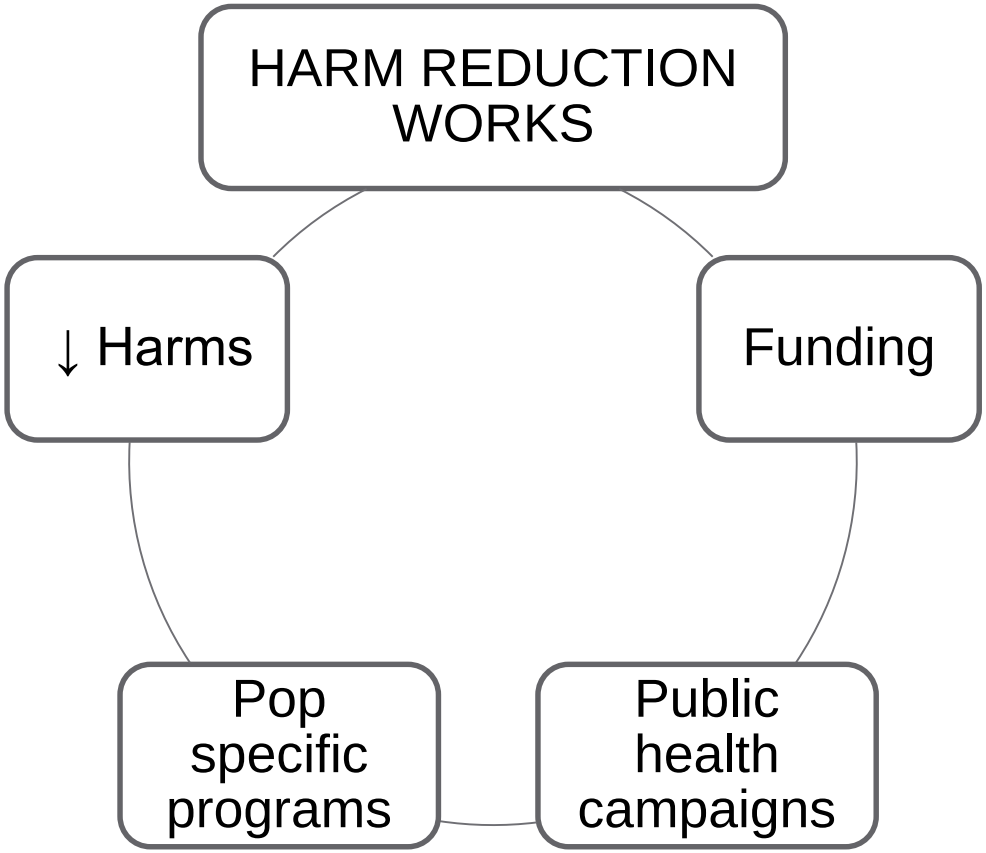
2. HARM REDUCTION IS STANDARD OF CARE

- Not limited to drugs
  - Diet
  - Smoking
  - Drinking
  - Sex
  - Sports
  - Driving
- Not limited to a particular space
  - Hospital : nicotine patches when patients are hospitalized
  - Community : housing for people who experience homelessness
  - Clinic : pre-exposure prophylaxis for people who have unprotected sex

2. HARM REDUCTION IS STANDARD OF CARE

- Not limited to a population
  - Children
    - Ex: school cafeteria programs
  - Teenagers
    - Ex: safer sex education and condom distribution
  - Young adults
    - Ex: energy drink and binge drinking education
  - Adults
    - Ex: seatbelts and helmets
  - Elderly
    - Ex: fall prevention programs

2. HARM REDUCTION IS STANDARD OF CARE



2. HARM REDUCTION IS STANDARD OF CARE

- Harm reduction is standard care except for people who use drugs
- If it was standard of care, they would be able to:
  - Access safer drugs
    - Including prescribed diacetylmorphine and hydromorphone
  - Test their drugs
  - Access the supplies they need to inject, smoke, snort
  - Access supervised consumption services
  - Use with peers in supportive housing facilities
  - Get help to inject (i.e., assisted injection)
  - Access supplies and use during their admission in a hospital
  - Access supplies and use during their incarceration
  - Receive the care and support instead of being criminalized

3. HARM REDUCTION IS NOT ENOUGH

- Harm reduction and treatment as part of a continuum of care
  - Harm reduction increases likelihood of starting treatment
  - Harm reduction increases demand for treatment
- Access to treatment is imperative
  - Rapid access (ex: rapid access addiction clinic)
  - Regulated
  - Not-for-profit
  - Evidence-based
  - Low-barrier
  - Peers
  - Housing
  - Transition time

REFLECTIONS

1. REDUCING HARMS IN A HARM INDUCING CONTEXT

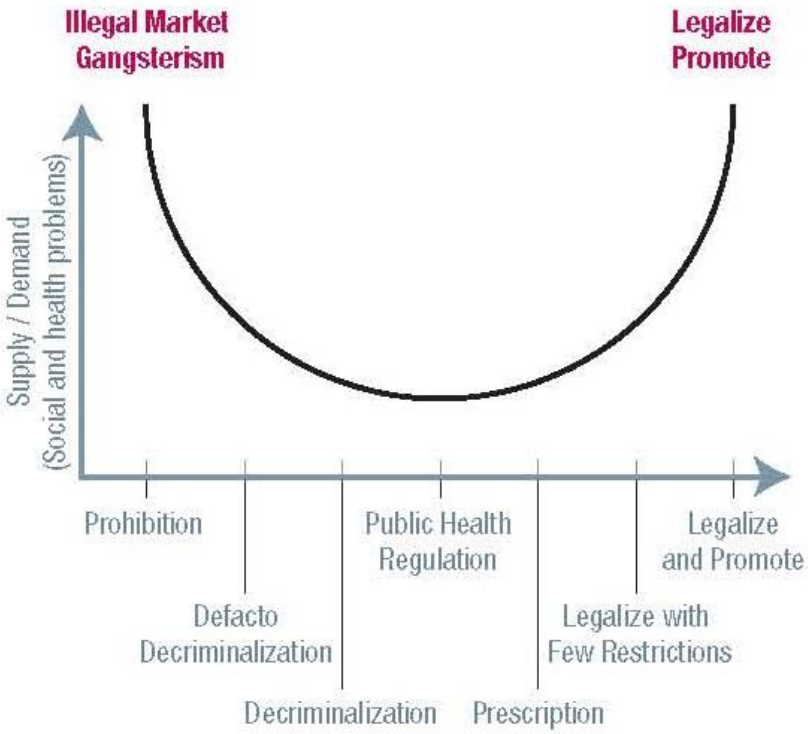
- Harm-inducing context
  - Not conducive to harm reduction
  - Barriers to care and services
  - Stigma and discrimination
  - Racism and oppression
  - Poor health and socioeconomic outcomes

In 2016, 73% of all drug arrests in BC were for drug possession

Source: Drug use, arrests, policing, and imprisonment in BC between 2015-2016 (2018)

1. REDUCING HARMS IN A HARM INDUCING CONTEXT

Figure 1:
Adapted from Marks "The Paradox of Prohibition"[6]



Source: Public Health Perspectives for Regulating Psychoactive Substances, BC Health Officers Council (November 2011)

EXAMPLE: GOOD SAMARITAN LAW

- Became law on May 4, 2017
- Provides some legal protection for individuals who seek emergency help during an overdose
- Protects the person who seeks help, whether they stay or leave from the overdose scene before help arrives
- Also protects anyone else who is at the scene when help arrives

2. RESPONDING TO A TOXIC DRUG SUPPLY

- 72% of OD deaths in Canada related to fentanyl and analogues
- Example of the coroner report (Ontario)

Appendix 3: Detection of opioids in toxicology results of opioid-related deaths

Year	Jan to Apr 2017		May to July 2017		Aug to October 2017		Total Year to date 2017		2016	
	N	%	N	%	N	%	N	%	N	%
Total deaths	**329**		**332**		**287**		**948**		**865**	
Fentanyl*	164	50%	208	63%	196	68%	**568**	60%	352	41%
Carfentanil	4	1%	10	3%	25	9%	**39**	4%		
Furanylfentanyl			5	2%	1	0%	**6**	1%		
Para-fluorobutyryl					2	1%	**2**	0.2%		
Desproprionyl fentanyl					1	0%	**1**	0.1%		
Cyclopropyl fentanyl					1	0%	**1**	0.1%		
Heroin	45	14%	46	14%	41	14%	**132**	14%	78	9%
U-47700	5	1%	23	7%	5	2%	**33**	3%		

2. RESPONDING TO A TOXIC DRUG SUPPLY

Table 2d. Number and percent of accidental apparent opioid-related deaths involving fentanyl or fentanyl analogues by province or territory, 2016 and 2017. [1]

Province or territory	2016		2017	
	Number	Percent	Number	Percent
British Columbia [2]	656	67%	1174	84%
Alberta	352	64%	567	79%
Saskatchewan	8	11%	9	22%
Manitoba	32	46%	42	49%
Ontario	330	45%	743	68%
Quebec [2]	30	22%	25	15%
New Brunswick	3	12%	8	24%
Nova Scotia	7	18%	6	10%
Prince Edward Island	1	20%	0	0%
Newfoundland and Labrador	Suppressed	Suppressed	Suppressed	Suppressed
Yukon	4	80%	5	83%
Northwest Territories	1	25%	0	0%
Nunavut	Suppressed	Suppressed	Suppressed	Suppressed
Total	**1424**	**55%**	**2579**	**72%**

Suppressed – Data may be suppressed in provinces or territories with low numbers of cases. Please see Considerations and Limitations for more information.

3. RESTRICTING OPIOIDS NOT THE SOLUTION

- “Opioid chill”
  - College of Physicians and Surgeons of BC
  - Cannot limit dosage opioids or refuse to prescribe (or refuse patients)

THE GLOBE AND MAIL

SUBSCRIBE REGISTER LOG IN AdChoices

B.C. doctors can’t limit opioids or discriminate against pain patients: college

CAMILLE BAINS
VANCOUVER
THE CANADIAN PRESS
PUBLISHED JUNE 6, 2018

British Columbia doctors treating patients with chronic pain will be required to prescribe opioids without limiting dosage or refusing to see patients who are on the medication that has come to be associated with illicit overdose deaths.

In revising an existing standard of practice, the College of Physicians and Surgeons of B.C. provided more clarity to doctors about their obligation to treat patients through proper assessments and documented discussions about dosage, tapering and stopping the drugs if necessary, college registrar Heidi Oetter said.

The new requirements, yet to be introduced to physicians, update a June 2016 standard that replaced national guidelines offering only recommendations and meant B.C. physicians became the first in Canada to face mandatory regulations involving prescription opioids.

The original standard was set after B.C. declared a public health emergency in April 2016 over of a spike in overdose deaths, mostly involving the powerful painkiller fentanyl being cut into street drugs. The province still has the highest number of

TRENDING

1 Canada criticizes Saudi Arabia over another jailed female activist

2 While the planet burns, our politicians fiddle

3 With luck, maybe kids will learn fractions again: It’s time Ontario education got back to basics

4 Liberals took steps to block Omar Khadr from celebration near Parliament Hill

5 Freeland ‘extremely concerned’ as Saudi Arabia seeks death sentence for female activist

3. RESTRICTING OPIOIDS NOT THE SOLUTION

- “Opioid chill”
  - Pushing people who suffer from pain to street drugs

CBC | MENU

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British Columbia

Pain sufferers turning to street drugs as B.C. doctors prescribe fewer opioids

Pain B.C. says new regulations on opioid prescriptions are having unintended side effects

Matt Meuse · CBC News · Posted: Jul 19, 2016 2:15 PM PT | Last Updated: July 19, 2016

Pain B.C. says new professional standards for opioid prescriptions are one reason why chronic pain sufferers are turning to street drugs to manage their pain. (The Canadian Press)

CONCLUSION

- Lessons learned
  1. Overdose deaths are preventable
  2. Harm reduction is standard of care
  3. Harm reduction is not enough
- Reflections
  1. Reducing harms in a harm-inducing context
  2. Responding to a toxic drug supply
  3. Restricting access to opioids is not a solution

CONCLUSION

- As long as we criminalize drugs and people who use them, harm reduction will not work to its full potential
- The fact that we treat people who use drugs are criminals is a:
  - Barrier to prevention
  - Barrier to care
  - Barrier to life-saving services
  - Driver of harms
    - Physical, mental, economic, social
  - Driver of the current crisis

CONTACT

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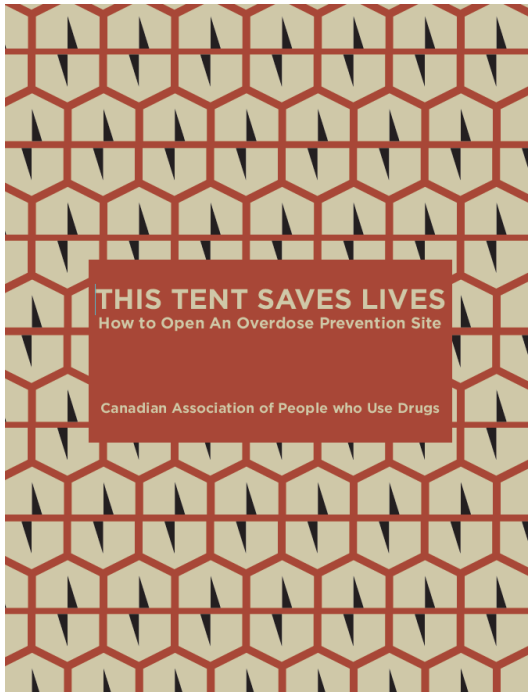
HARM REDUCTION = NURSING CARE

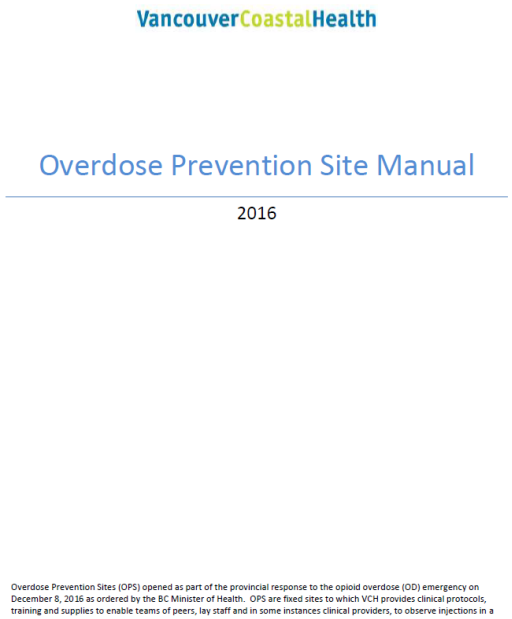
Facebook
@nurses4harmreduction

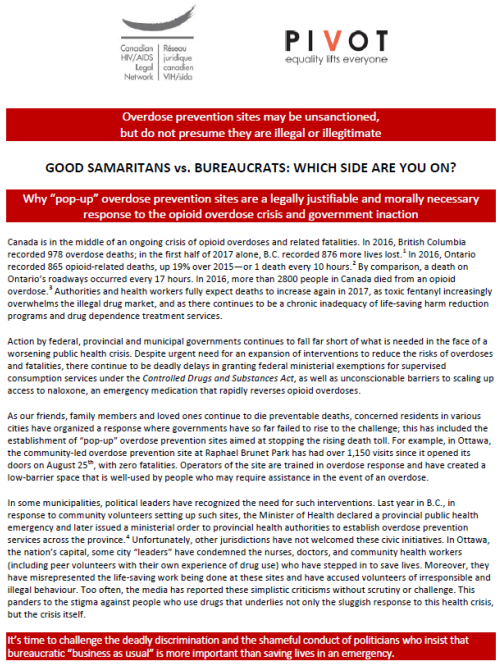
@hrna.aiirm
http://www.hrna-aiirm.ca/

OPS_Resources

- Overdose Prevention Site Manual (Vancouver Coastal Health, 2016)
- This Tent Saves Lives (CAPUD, 2017)
- Good Samaritans vs. Bureaucrats: Which side are you on? (Pivot Legal Society and the Canadian HIV/AIDS Legal Network, 2017)

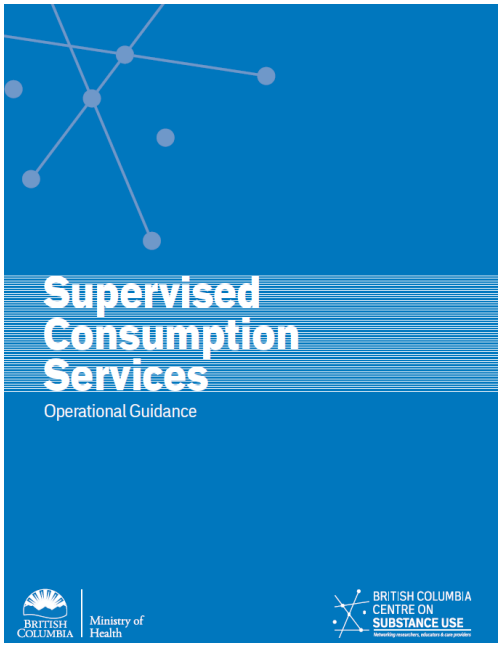


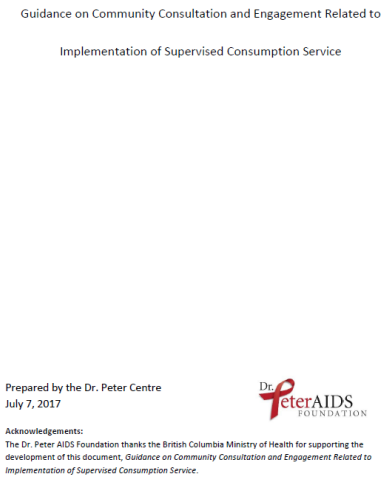




SCS_GUIDELINES

- Guidance on Community Consultation and Engagement Related to Implementation of Supervised Consumption Service (Dr. Peter Centre, 2017)
- Supervised Consumption Services: Operational Guidance (BCCSU, 2017)
- Implementing Supervised Injection Services (RNAO, 2018)



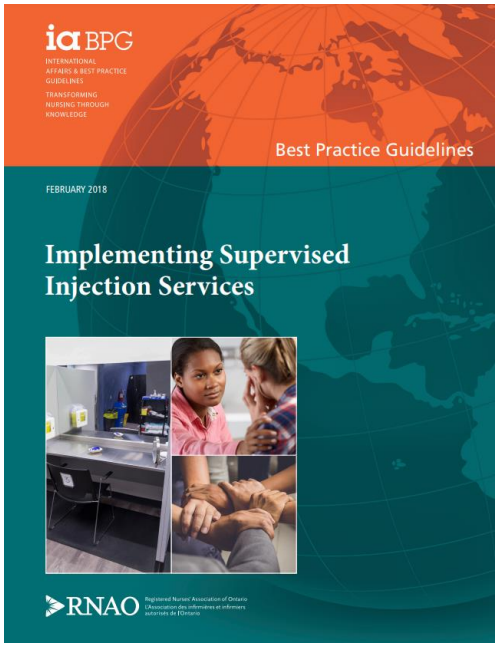

Guidance on Community Consultation and Engagement Related to

Implementation of Supervised Consumption Service

Prepared by the Dr. Peter Centre
July 7, 2017

Dr. PeterAIDS FOUNDATION

Acknowledgements:
The Dr. Peter AIDS Foundation thanks the British Columbia Ministry of Health for supporting the development of this document, *Guidance on Community Consultation and Engagement Related to Implementation of Supervised Consumption Service*.



SCS_REVIEWS

- What is the effectiveness of supervised injection services? A Rapid Review (OHTN, 2014)
- Supervised injection services: What has been demonstrated? A systematic literature review (Potier et al., 2014)
- Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review (Kennedy et al., 2017)


Rapid Review #83: May 2014

Rapid Response Service

What is the effectiveness of supervised injection services?

OHTN

Question

What is the effectiveness of supervised injection services?

Key Take-Home Messages

- The use of supervised injection services can lead to reductions in injecting behaviour and an increase in the number of clients accessing addiction treatment services.
- Supervised injection services can be cost saving when the analysis takes into account their capacity to reduce transmission of blood-borne diseases, namely HIV and HCV.
- People who inject at supervised injection sites feel safer than those who inject publically.
- Overdose morbidity and mortality are reduced when clients inject at supervised injection sites. Clients who inject at supervised injection sites receive education on safer injecting practices that helps reduce injection-related morbidity.
- When nursing care is provided at supervised injection sites, clients access nursing services frequently.
- Supervised injection sites do not lead to any significant disruptions in public order or safety in the neighbourhoods where they are located.
- Supervised injection sites pose a few challenges based on their operating models and regulations: if capacity does not meet demand there may be long lines that dissuade some clients from injecting at the facility; there will still be times when clients have no choice but to inject elsewhere when facilities are not open 24 hours per day, 7 days a week; some clients cannot inject independently and will not use supervised injection services that prohibit assisted injections; and when facilities prohibit splitting or sharing drugs on site, some clients might be excluded.

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

Suggested Citation:

Rapid Response Service. Rapid Response: What is the effectiveness of supervised injection services? Toronto, ON: Ontario HIV Treatment Network; May 2014.

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Drug and Alcohol Dependence 145 (2014) 48–68

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Review

Supervised injection services: What has been demonstrated? A systematic literature review☆

Chloé Potier[a,b,*], Vincent Laprévote[c,d], Françoise Dubois-Arber[e], Olivier Cottencin[a,b], Benjamin Rolland[a,b]

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ARTICLE INFO

Article history:
Received 18 May 2014
Received in revised form 14 October 2014
Accepted 14 October 2014
Available online 23 October 2014

Keywords:
Supervised injection service
Safer injection facility
Supervised injecting center
Drug consumption room
Drug consumption facility
Injection drug user

ABSTRACT

Background: Supervised injection services (SISs) have been developed to promote safer drug injection practices, enhance health-related behaviors among people who inject drugs (PWID), and connect PWID with external health and social services. Nevertheless, SISs have also been accused of fostering drug use and drug trafficking.
Aims: To systematically collect and synthesize the currently available evidence regarding SIS-induced benefits and harm.
Methods: A systematic review was performed via the PubMed, Web of Science, and ScienceDirect databases using the keyword algorithm [("SUPERVISED" OR "SAFER") AND ("INJECTION" OR "INJECTING" OR "SHOOTING" OR "CONSUMPTION") AND ("FACILITY" OR "FACILITIES" OR "ROOM" OR "GALLERY" OR "CENTRE" OR "SITE")].
Results: Seventy-five relevant articles were found. All studies converged to find that SISs were efficacious in attracting the most marginalized PWID, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SISs were found to be associated with reduced levels of public drug injections and dropped syringes. Of the articles, 85% originated from Vancouver or Sydney.
Conclusion: SISs have largely fulfilled their initial objectives without enhancing drug use or drug trafficking. Almost all of the studies found in this review were performed in Canada or Australia, whereas the majority of SISs are located in Europe. The implementation of new SISs in places with high rates of injection drug use and associated harms appears to be supported by evidence.

Contents

☆ Supplementary material can be found by accessing the online version of this paper at http://dx.doi.org/10.1016/j.drugalcdep.2014.10.012.
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http://dx.doi.org/10.1016/j.drugalcdep.2014.10.012
0376-8716/


Curr HIV/AIDS Rep (2017) 14:161–183
DOI 10.1007/s11904-017-0363-y

THE SCIENCE OF PREVENTION (JD STEKLER AND J BAETEN, SECTION EDITORS)

Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review

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Published online: 5 September 2017

Abstract
Purpose of Review Supervised drug consumption facilities (SCFs) have increasingly been implemented in response to public health and public order concerns associated with illicit drug use. We systematically reviewed the literature investigating the health and community impacts of SCFs.
Recent Findings Consistent evidence demonstrates that SCFs mitigate overdose-related harms and unsafe drug use behaviours, as well as facilitate uptake of addiction treatment and other health services among people who use drugs (PWUD). Further, SCFs have been associated with improvements in public order without increasing drug-related crime. SCFs have also been shown to be cost-effective.
Summary This systematic review suggests that SCFs are effectively meeting their primary public health and order objectives and therefore supports their role within a continuum of services for PWUD. Additional studies are needed to better understand the potential long-term health impacts of SCFs and how innovations in SCF programming may help to optimize the effectiveness of this intervention.

Keywords Supervised drug consumption facilities · Supervised injection facilities · Illicit drug use · Harm reduction · Systematic review

This article is part of the Topical Collection on *The Science of Prevention*

Electronic supplementary material The online version of this article (doi:10.1007/s11904-017-0363-y) contains supplementary material, which is available to authorized users.

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Introduction

Illicit drug use remains a major global public health concern and, in particular, is a key driver of HIV/AIDS and overdose epidemics [1–4]. Public drug use and public disposal of syringes are also community concerns in various settings, particularly in inner-city neighbourhoods [5]. In an effort to mitigate these challenges, supervised drug consumption facilities (SCFs) have been established in a number of cities worldwide [6•, 7•]. SCFs are healthcare facilities that provide sterile equipment and a safe and hygienic space for people who use drugs (PWUD) to consume pre-obtained illicit drugs under the supervision of nurses or other trained staff [7•]. SCFs are also referred to as drug consumption rooms and include supervised injection facilities (SIFs), which accommodate people who inject drugs (PWID), and supervised inhalation rooms (SIRs), which