



POSITION STATEMENT ON SUPERVISED CONSUMPTION SITES

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The Canadian Association of Nurses in HIV/AIDS Care strongly believes that supervised consumption sites are vital, life-saving services for people living with HIV (PLWH) and a necessary tool to prevent the transmission of HIV and other bloodborne illnesses.

Background:

Since 2016, over 10,000 Canadians have died of opioid overdose. Additionally, hepatitis C and HIV continue to disproportionately affect people who use drugs (PWUD) (CATIE, 2016). While fatal overdose is the overarching concern in Canada's current climate, injecting drugs in an unsupervised and unclean environment also comes with other risks. The Public Health Agency of Canada reports that injection drug use accounts for 15.1% of all of Canada's new HIV infections, and 68.1% of new infections in Indigenous persons (Haddad et al, 2018). The risk of soft tissue infections, endocarditis, and other health issues also increases when people use drugs at home or on the street.

Supervised consumption sites (SCS) allow people to safely inject, and sometimes inhale, insufflate, or ingest their substances with sterile equipment in an environment where they can be safely monitored. Overdose morbidity and mortality are significantly reduced when people inject at a supervised consumption site (Kimber et al). SCSs also prevent the transmission of bloodborne illnesses, reduce the presence discarded needles on public property, and have no negative impact on public order (Kennedy et al). Over 100 SCS have opened in Europe, Canada, and Australia since the 1980s. While the access to healthcare services and substance use treatment and support vary site by site, a 2010 review of international services by Hedrich, Kerr, and Dubois-Arber show a 30% increase in access to detox and substance use treatment in people who access SCS compared to their peers who do not (Hedrich et al).

Position:

CANAC believes that SCS are an integral harm reduction strategy to prevent fatal overdoses in the midst of Canada's drug poisoning crisis. The CNA Code of Ethics outlines the responsibilities of nurses to provide safe and ethical care. This includes care provided at SCS, which preserve the personhood and dignity of all people. We believe that nurses and other healthcare providers should continue to advocate at local and policy levels for ongoing funding for SCS. CANAC supports the increased accessibility of SCS by embedding sites in primary care settings and hospitals, and increasing the number of sites in rural settings and the correctional system. CANAC strongly advocates for increased accessibility of other harm reduction interventions to decrease morbidity and mortality associated with substance use in PLWH, including access to take home naloxone for PWUD and their social contacts. In addition, CANAC believes that PWUD have a right to unlimited access to unused smoking and injection supplies in order to prevention transmission of bloodborne illnesses.

References

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