

# UNDERSTANDING SUPERVISED CONSUMPTION SITES AND INJECTABLE OPIOID AGONIST TREATMENT

Supervised consumption sites (SCS) and injectable opioid agonist treatment (iOAT) are complementary but different approaches to engaging people who use drugs into the health care system. SCS provide a safe place for people who use drugs to use drugs they've acquired under supervision, while ensuring that any adverse reactions like overdose are safely attended to, without the expectation that people decrease their drug use. Injectable opioid agonist treatment provides medication and other care to treat severe opioid use disorder, with a goal of decreasing illicit opioid use. Similar to SCS, individuals on iOAT self-administer their dose under observation and may receive referrals to a variety of services and supports. The table below summarizes the similarities and differences between these two approaches.

Supervised consumption sites (SCS)	Injectable opioid agonist treatment (iOAT)
<b>Similarities</b>	
<ul style="list-style-type: none"> <li>• Clients can receive harm reduction supplies and education on safer injection techniques</li> <li>• Clients self-administer under the supervision of properly trained staff</li> <li>• Clients are closely monitored for adverse reactions (e.g., overdose or poisoning) and receive treatment if required by trained medical professionals</li> </ul>	
<b>Differences</b>	
<ul style="list-style-type: none"> <li>• Clients bring drugs they have acquired elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals are prescribed specific opioid medications to treat opioid use disorder</li> </ul>
<ul style="list-style-type: none"> <li>• Individuals choose to access SCS and do not require a referral</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals are referred to an iOAT program</li> </ul>
<ul style="list-style-type: none"> <li>• There are no eligibility criteria for accessing an SCS</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals are assessed by a physician or nurse practitioner for eligibility, which includes severe opioid use disorder, ongoing injection opioid use, and resulting health and/or social consequences</li> </ul>
<ul style="list-style-type: none"> <li>• Individuals may or may not have attempted treatment in the past</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, individuals have attempted oral opioid agonist treatment and continued to experience significant health or social consequences</li> </ul>
<ul style="list-style-type: none"> <li>• Individuals do not need an appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals are scheduled for appointments and attend, generally, 2-3 times per day, 7 days per week</li> </ul>
<ul style="list-style-type: none"> <li>• Clients can take leftover drugs with them</li> </ul>	<ul style="list-style-type: none"> <li>• Any leftover medication is disposed of at the facility</li> </ul>
<ul style="list-style-type: none"> <li>• The goal is to provide a safe place for individuals to take drugs they would take anyway to reduce the risk of overdose and other harms</li> </ul>	<ul style="list-style-type: none"> <li>• The goal is to treat severe opioid use disorder, to help individuals reach clinical stability, and to meet their health and wellbeing goals</li> </ul>
<ul style="list-style-type: none"> <li>• Clients are not expected to decrease their drug use</li> </ul>	<ul style="list-style-type: none"> <li>• One of the goals of treatment is to decrease street opioid use</li> </ul>
<ul style="list-style-type: none"> <li>• Clients can be referred to services like housing support, trauma therapy, and employment support as well as treatment for opioid use disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Clients receive or are referred to additional services and care like housing support, trauma therapy, and employment support</li> </ul>

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