

Safeworks Monthly Report – May 2018: Supervised Consumption Services

Date: **June 14, 2018**

Background

Safeworks Supervised Consumption Services (SCS) launched on October 30th, 2017 in a temporary facility at the Sheldon M. Chumir Health Centre with full federal exemption to the Controlled Drugs and Substances Act from Health Canada. On January 15th, 2018, the temporary facility closed, and the permanent facility inside the Sheldon M. Chumir Health Centre opened for operations. Until April 30, Safeworks SCS hours of operation were from 9:00am to 11:30pm, and staff were on site from 8:30am to 12:30am. On April 30th, 2018, Safeworks began offering services 24 hours, 7 days a week.

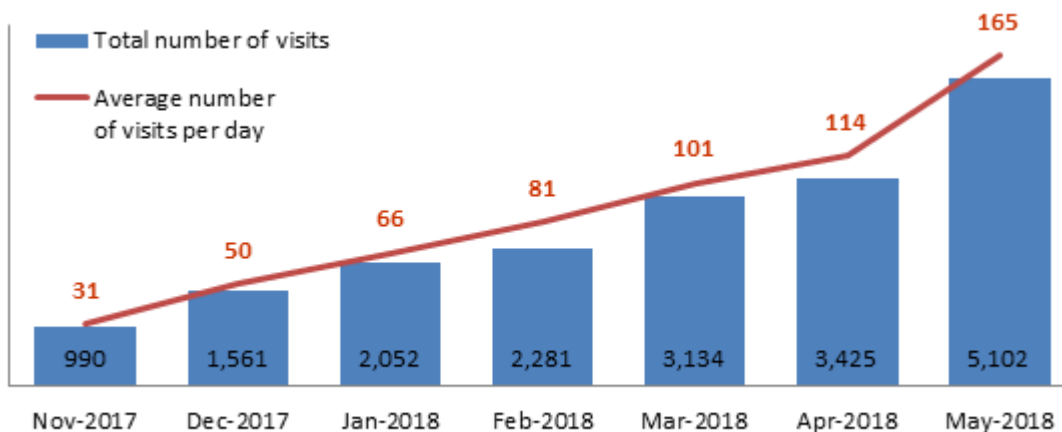
Service Uptake

From October 30, 2017 to May 31, 2018, Safeworks SCS had **18,547 client visits**. In May, the site saw **771 unique individuals** in **5,102 visits**.

Uptake of services increased over time. The average number of visits per day has increased from 11 in the first week of operations (October 30 – November 5), to 165 visits per day averaged from May 28-31, 2018.

Fig 1: Safeworks SCS Total Number of Visits and Average Number of Visits per Day, by Month

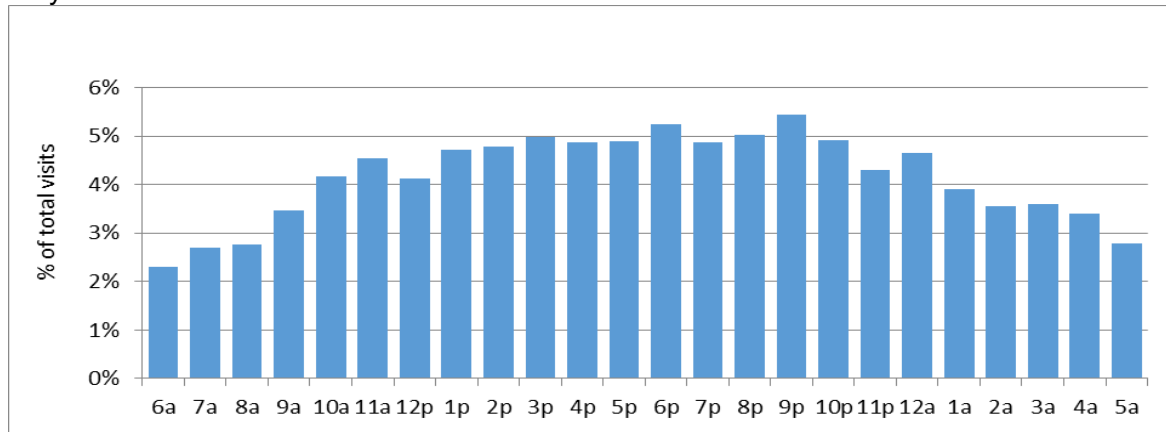
*Note: Safeworks started offering 24 hour services April 30, 2018



The majority of clients use Safeworks SCS more than once, often within the same day. Not all clients consumed drugs on site; 19% of visits in May reflect harm reduction supply and/or naloxone kit distribution, monitoring post-consumption from use off site, wound care, or social support and referral services.

Service uptake is slightly lower overnight, but remains consistent throughout the day.

Fig 2: Safeworks SCS Total Number of Visits by Time (hourly – based on time of admission) May 2018



Drug Use and Overdose Prevention and Response

In May 2018, drugs were consumed on site under the supervision of Registered Nurses **4,131 times**. With each client who uses drugs by injection, RNs are available to provide education on vein care, infection prevention, and injection technique. In May, there were two instances of drug ingestion (swallowing), and 185 instances of intranasal use (snorting).

The most frequently reported drugs used in May were meth/crystal (1,811 times) and fentanyl (1,237 times). Clients may use more than one drug with a single injection/consumption and as such, these counts are not reported as percentages.

Naloxone kits and overdose prevention education are offered to all clients accessing Safeworks SCS, and in May, **231 overdose response kits** were distributed to clients.

From October 30, 2017 – May 31, 2018, Safeworks staff responded to a **total of 301 overdoses**. In May, Safeworks staff responded to 71 overdoses, of which 29 required supplemental oxygen alone; 39 overdoses required naloxone and three also required an EMS response.

Table 1: Safeworks SCS Summary of Visits and Overdoses by Month

Month	Number of client visits	Number of times drugs consumed	Number of Overdoses	Overdoses per number of times drugs consumed
October 30 – November 30, 2017	990	827	26	3.14%
December, 2017	1,561	1,281	29	2.26%
January, 2018	2,054	1,687	35	2.07%
February, 2018	2,281	2,003	29	1.45%
March, 2018	3,134	2,683	67	2.50%
April, 2018	3,425	2,867	44	1.53%
May, 2018	5,102	4,131	71	1.72%
Total	18,547	15,509	301	Average: 2.1%

Wrap-Around Care and Referrals

In order to provide streamlined access to specialized care, Safeworks SCS has partnerships with both AHS programs and external community partners. In May, Safeworks made 34 referrals, including 10 referrals to social work and 12 referrals to the Opioid Dependency Program (ODP).

Table 2: Safeworks SCS Summary of Referrals by Month

Month	Social Work Referrals	ODP Referrals	Other Referrals	Total Referrals
October 30 – November 30, 2017	12	7	14	33
December, 2017	33	12	10	45
January, 2018	11	12	10	33
February, 2018	14	9	12	35
March, 2018	14	6	9	29
April, 2018	2	10	11	23
May, 2018	10	12	12	34
Total	96	68	78	242

Program Evaluation

Safeworks is partnering with the Institute of Health Economics to conduct a comprehensive provincial program evaluation of SCS.

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