

# Safeworks Monthly Report – July, 2018: Supervised Consumption Services

**Date: August 13, 2018**

## Background

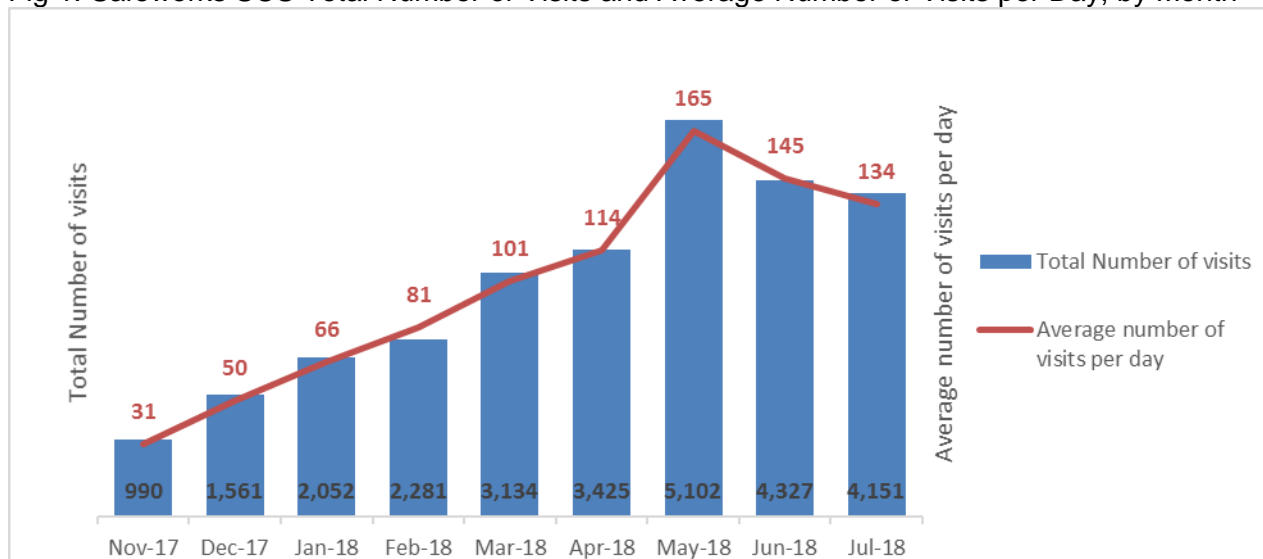
Safeworks Supervised Consumption Services (SCS) launched on October 30<sup>th</sup>, 2017 in a temporary facility at the Sheldon M. Chumir Health Centre with full federal exemption to the Controlled Drugs and Substances Act from Health Canada. On January 15<sup>th</sup>, 2018, the temporary facility closed, and the permanent facility inside the Sheldon M. Chumir Health Centre opened for operations. On April 30<sup>th</sup>, 2018, Safeworks began offering services 24 hours, 7 days a week.

## Service Uptake

From October 30, 2017 to July 31, 2018, Safeworks SCS had **27,023 client visits**. In July 2018, the site saw 665 **unique individuals** in **4,151 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 134 visits per day averaged from (June 30 to July 31), 2018.

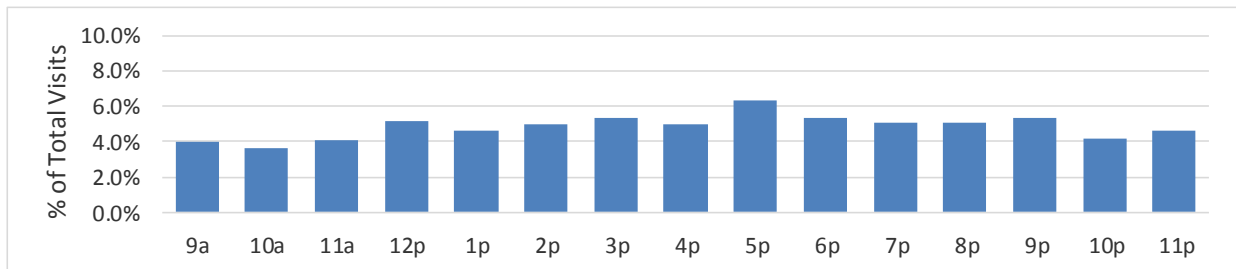
Fig 1: Safeworks SCS Total Number of Visits and Average Number of Visits per Day, by Month



The majority of clients use Safeworks SCS more than once, often within the same day. Not all clients consumed drugs on site; 21% of visits in July reflect harm reduction supply and/or naloxone kit distribution, monitoring post-consumption from use off site, wound care, or social support and referral services.

Safeworks SCS hours of operation are 24 hours per day, 365 days per year. Service uptake is consistent throughout the day.

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



### Drug Use and Overdose Prevention and Response

In July 2018, drugs were consumed on site under the supervision of Registered Nurses **3,295 times**. With each client who uses drugs by injection, RNs are available to provide education on vein care, infection prevention, and injection technique. In July, there were three instances of ingestion (swallowing), and 90 instances of intranasal use (snorting).

The most frequently reported drugs used in July were meth/crystal (1,420 times) and fentanyl (1,053 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 July, **77 overdose response kits** were distributed to clients.

From October 30, 2017 – July 31, 2018, Safeworks staff responded to a **total of 446 overdoses**.

In July 2018, Safeworks staff responded to 67 overdoses, of which 28 required supplemental oxygen alone; 36 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%
June, 2018	4,327	3,545	78	2.20%
July, 2018	4151	3,295	67	2.03%
<b>Total</b>	<b>27,025</b>	<b>22,319</b>	<b>446</b>	<b>2.00%</b>

### 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 July, Safeworks made 11 referrals, including 3 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
June, 2018	0	5	6	11
July 2018	1	3	7	11
<b>Total</b>	<b>97</b>	<b>76</b>	<b>91</b>	<b>256</b>

### Program Evaluation

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