

Supervised inhalation is a necessary intervention in the drug poisoning crisis

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All [safe consumption sites](#) should receive government funding for supervised inhalation. This way, the growing number of people who inhale substances will be closer to the help they need in case of drug

poisoning. They'll also have access to detox, treatment and other health care and social resources.

Canada is experiencing a toxic drug poisoning crisis, exacerbated by simultaneous mental health and housing crises. Numbers of fatal drug poisonings have increased dramatically [since the beginning of the COVID-19 pandemic](#).

In 2023 alone, [Canada saw more than 8,000 opioid toxicity deaths](#). The [instability of the street-based drug supply](#) complicates how someone responds to a drug poisoning, contributing to higher fatality rates when people use illicit substances.

Saving lives, cutting costs

Safe [consumption](#) sites are a life-saving intervention in this crisis. They provide a safe space for people to use their pre-obtained substances in the presence of staff trained to respond to drug poisonings. [They are hubs for people to access health care and housing supports](#), and they help reduce the spread of viral infections like HIV and hepatitis C by providing sterile equipment for [drug use](#), safer sex supplies and educational resources.

Safe consumption sites are also proven to [relieve the burden on health-care systems](#). [According to Health Canada](#), there were 41,938 emergency responses to opioid-related overdoses in 2023 across Canada, 18% higher than in 2022.

A cost analysis of Calgary's Safeworks safe consumption site demonstrated that it can save the province [approximately 1 million dollars in emergency service cost savings per year](#).

Inhaling drugs

In all Canadian safe consumption sites, people can inject, snort and orally consume substances. For years, [inhaling substances has been promoted](#) by harm-reduction advocates to help curb the spread of viruses like HIV and hepatitis C. However, few safe consumption sites offer indoor supervised inhalation services, even though the federal exemption through Health Canada allows for it.

There is a significant amount of evidence suggesting [people have been inhaling their drugs more than injecting since before the COVID-19 pandemic](#), that the [risk of drug poisoning for inhaling is the same as with injection](#) and that [inhaling substances is now contributing to more drug poisonings than injections](#).

I am a harm reduction worker in a [safe consumption site integrated into a low-barrier, overnight drop-in program for women and gender-diverse people experiencing homelessness in Hamilton, Ont.](#) Our program recognizes that the [health and social care needs of women and gender-diverse people who use drugs are uniquely impacted by gender, as well as by other facets of their histories and identities](#).

Gender-neutral policies

Traditionally, drug policies and harm-reduction services developed across Canada in response to the toxic drug poisoning crisis [have largely been designed, developed and evaluated according to the needs of men](#).

But women are far more likely to smoke than inject substances. Unfortunately, most safe consumption sites across Canada are not responsive to their needs at this time.

Although the [federal government](#) has created a [pathway for safe consumption sites to operate](#), [provincial governments](#) have ultimate control over the conditions under which they will fund safe consumption sites. For example, [Ontario consumption and treatment services sites](#) do not receive funding to accommodate supervised inhalation from the provincial government.

One safe consumption site in Ontario, [Casey House, accommodates indoor supervised inhalation](#). But it has not received a consumption and treatment service designation, and therefore must fund itself through grants and private donations. The safe consumption site I work at is in the same boat.

Big investments

It's expensive [to invest in the appropriate air filtration, ventilation and exhaust infrastructure](#) needed to prevent substance fumes from affecting people nearby. Furthermore—even though there are [a handful of Canadian and international examples for organizations to emulate](#)—investing in safe inhalation requires information about how indoor inhalation intersects or conflicts with workplace health and safety regulations, and provincial smoking laws are not widely available.

Thankfully, financial and political support for supervised inhalation appears to be increasing in some provinces.

British Columbia has embarked upon a two-year pilot project allowing indoor supervised inhalation at select safe-consumption sites, which has [resulted in a handful of inhalation programs opening over the last few months](#). [Québec's first safe-inhalation program](#) also recently opened in Montréal with [financial assistance](#) from the provincial government.

At a time when we're dealing with housing, mental health and toxic drug

crises, we must adapt evidence-based interventions like safe consumption sites to suit the needs of the people they support. People who use drugs have been telling us they need safe [inhalation](#) spaces for a long time. It's time we listened and took action.

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