

Differences between Supervised Consumption Sites, Oral Opioid Agonist Therapy and Injectable Opioid Agonist Therapy

Supervised Consumption Site (SCS)	Oral Opioid Agonist Therapy (OAT) Program	Injectable Opioid Agonist Therapy (iOAT) Program
<ul style="list-style-type: none"> • Clients choose to come to the site, may remain anonymous. • Clients do not require an appt. or a referral – first come, first serve basis. • Clients bring in their drugs of choice for administration at the site. (e.g. cocaine, fentanyl, crystal meth) • The clients have purchased the legal or illegal drugs from an external source. • Clients self-administer their drugs of choice orally or by injection under supervision of RNs. • The goal is to provide clients with a safe place to take drugs to reduce the risk of harm or poisonings (i.e. overdose) due to unpredictable drug dosing or drugs tainted with fentanyl or other unexpected drug combinations. • Clients are not expected to reduce their drug use or receive treatment for their drug use. • Clients closely monitored for adverse reactions (e.g. overdose) and receive treatment if required on site by RNs. • Clients may leave the site with their remaining drugs if they choose. 	<ul style="list-style-type: none"> • Clients are referred to the program by a health care practitioner or may come to the program via self-referral. • Clients are assessed by physicians, nurse practitioners and RNs to be determined if clients are eligible for the oral agonist therapy program. • Clients are registered with the program and their names and additional identifiers and demographic information is recorded in the electronic system. • Clients are scheduled for clinic appointments at the site. • Clients are prescribed specific doses of oral agonist therapy by physicians or nurse practitioners, (e.g. methadone, suboxone) with the goal to effectively treat their opioid use disorder. • Clients are monitored on an on-going basis for outcomes of their treatment or dosing adjustments based on side effects from the prescribed medications or the success of the treatment. • Clients are provided prescriptions for on-going oral opioid agonist therapy. • The medications are funded by the client's individual Alberta Health/medication funding plans (e.g. Alberta Works, Blue Cross) based on the clients needs/history. 	<ul style="list-style-type: none"> • Clients are referred to the program by a health care practitioner or an OAT program. • Clients must have a history of injecting drugs and have taken oral OAT and not been successful in treatment. • Clients are assessed by the physician or nurse practitioner for eligibility for the injectable program. • Clients are registered with the program and their names and additional identifiers and demographic information is recorded in the electronic system. • Clients are scheduled for clinic appointments at the site (i.e. 2-3 times per day; 7 days per week). • Clients are prescribed specific doses of injectable hydromorphone by physicians or nurse practitioners with the goal to effectively treat their opioid use disorder. Doses are adjusted based on the client response to the medication. • Clients are expected to self-administer an injection of hydromorphone 2-3 times per day; 7 days per week under supervision of an RN. • Clients are closely monitored following the injections for potential adverse responses to the medication such as seizures and overdoses. • The medications are funded by the client's individual Alberta Health/medication funding plans (e.g. Alberta Works, Blue Cross) based on the clients needs/history.