



CONCURRENT DISORDERS SOCIETY

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Under Contract with Concurrent Disorders Society Publishing, Dr. Laurie Manwell is looking for chapter authors for the edited volume:

Supervised Consumption Sites – Long Suffering or Life Saving Approaches:

Debating Approaches to High-Risk Substance Use Behaviour from Human Rights to Public Policy

International Perspectives

Overview

High-risk substance use behaviours, such as injection drug use, increase the burden of disease in terms of disability and premature death which can have devastating effects on communities. In addition, individuals with substance use disorders (SUDs) often have one or more diagnosable psychiatric illnesses, such as major depression or post-traumatic stress disorder (PTSD), that may go untreated and contribute to increasing drug use. Harm reduction strategies (HRS) are policies, programs, and practices directed at keeping individuals, families, and communities safe while addressing high-risk substance use behaviours to reduce injury, disease, and premature death without requiring abstinence. Supervised consumption sites (SCS) are one approach to reducing the burden of disease from SUDs by providing medical supervision, emergency care, and resuscitation services for individuals who cannot or will not abstain from using illegal substances, particularly injected drugs such as opioids and barbiturates. Sites may also provide harm reduction advice, counselling services, referrals to healthcare and social services, and act as a liaison with local police services, housing, and businesses.

Recently, there has been increased awareness of the use of SCS in combating the worldwide opioid crisis, particularly in terms of reversing opioid overdoses and reducing deaths. Studies show that SCS also reduce needle sharing and associated harms, such as the incidence of HIV and hepatitis, and reduce community harms, such as drug refuse, street disorder, emergency service use, and encounters with law enforcement. However, SCS continue to be controversial because of concerns that their benefits may not actually outweigh their potential economic and

social costs, including high operating costs, reduced property values, reduced treatment seeking, and association with relapse, continued drug use and criminality.

This book will bring together diverse, and sometimes competing, perspectives on past, present, and future approaches to using SCS in harm reduction for people with high-risk substance use behaviours. We aim to present common experiences and methods, across nations, addressing key issues in SCS approaches along with diverging and novel approaches that are less well known. We will also present suggestions for future steps in terms of public policy, education, and research, including a focus on stakeholder engagement, properly designed before-and-after studies of SCS impact, and transparent cost-benefit/cost-effectiveness analysis for SCS.

This book will be sectioned to address multi-national approaches to SCS including, but not limited to, issues of:

- Theoretical and practical approaches to SCS:
 - Past (prior to 2000), present (2000-2020), and future (beyond 2020)
- Logistics of SCS:
 - Delivery:
 - Potential restrictions on access (e.g., 100 day limits unless agreeing to treatment)
 - Addition of wrap-around services (e.g., counselling, housing, healthcare, etc...)
 - Inclusion of on-site medication assisted treatment (MAT)
 - Effectiveness and oversight
 - Concerns and misconceptions
- Personal experience with SCS:
 - Individuals with SUD and their families:
 - Implications for families (e.g., SCS users with dependents), employers, and communities
 - Professionals (e.g., medical personnel, law enforcement, counsellors, etc...)
 - Community members (e.g., local residents, schools, and businesses)
- Public policy:
 - Human rights
 - Accountability
 - Education
- Emerging treatments and alternatives:
 - Novel treatments for high-risk substance use behaviours
 - Alternatives to SCS

We aim to present this information in a way that facilitates citizen engagement in addressing high-risk substance use behaviours through public discourse, planning and implementing more comprehensive long-term solutions.

Each chapter will consist of up to 7000 words. The estimated total word count for this book is 180,000 words.

The anticipated publication date is December 2021.

Interested contributing authors please submit a 150-word abstract of your proposed chapter and a copy of your curriculum vitae to Dr. Laurie Manwell at لمانويل@wlu.ca no later than April 30, 2020.