



TITLE

LOSS, THEFT OR DIVERSION OF SUBSTANCES

SCOPE

Calgary Zone: Sheldon M. Chumir Health Centre
South Zone: Lethbridge Mobile Overdose Prevention Service

DOCUMENT #

PS-94-03

APPROVAL AUTHORITY

Chief Zone Officer, Calgary Zone
Chief Zone Officer, South Zone

INITIAL EFFECTIVE DATE

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SPONSOR

Executive Director, Provincial Addiction and Mental Health
Executive Director, Communicable Disease Control

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PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Supervised Consumption / Overdose Prevention Services
Policy (#PS-94)

SCHEDULED REVIEW DATE

January 15, 2024

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To outline the process required when substances (including **illicit substances**) are left behind in the **Supervised Consumption / Overdose Prevention Services (SCS/OPS)**.
- To outline processes to address suspected or confirmed loss, theft or **diversion** of a substance.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Substances Left Behind

- 1.1 In the event that substances are left behind at the SCS/OPS, **staff** shall immediately inform the **Program Manager or delegate**.
- 1.2 Under no circumstances shall the substance left behind in the SCS/OPS be returned to the **patient**.

- 1.3 Using universal precautions and appropriate personal protective equipment (PPE), the Program Manager or delegate shall:
- a) place the substance in an impermeable and sealed envelope;
 - b) write on the envelope their name and signature, and the time and date, when placed in the safe;
 - c) not record the patient's identity on the envelope; and
 - d) place the envelope in a Workplace Health and Safety (WHS) approved container inside a designated safe within a secured location at the SCS/OPS until retrieved by the local police service.
- 1.4 The Program Manager or delegate shall complete all required fields in the AHS *Found Substance Log - Ambulatory Supervised Consumption Services Form* (hereafter, *Found Substance Log Form*) to include, but not be limited to:
- a) date and time the substance was found;
 - b) location where the substance was found;
 - c) who found the substance; and
 - d) date and time the substance was placed into the safe.
- 1.5 The Program Manager or delegate shall notify the local police service within 24 hours of the discovery to report the incident and request seizure and removal of the substance from the AHS property.
- 1.6 Upon seizure of the substance by the local police service, the Program Manager or delegate shall record the following information into the *Found Substance Log Form*:
- a) name of the Police member who took possession of the substance;
 - b) Police member's identification (e.g., badge number);
 - c) signature of the Police member; and
 - d) date and time.

2. Substances Missing (Loss or Theft) from the SCS/OPS Safe

- 2.1 If a substance that was placed in the SCS/OPS safe for seizure and removal by the local police service is found missing, staff shall inform the Program Manager or delegate immediately.
- 2.2 The Program Manager or delegate shall:
- a) report the incident to the local police service immediately;

- b) notify the Office of Controlled Substances within 24 hours; and
- c) record in the AHS *Loss, Theft or Diversion of Substance Report – Ambulatory Supervised Consumption Services Form* (hereafter, *Loss, Theft or Diversion of Substance Report Form*) details to include, but not be limited to:
 - (i) all pertinent details learned pertaining to the loss or theft;
 - (ii) date and time when the local police service was contacted; and
 - (iii) date and time when the Office of Controlled Substances was notified.

3. Suspected or Confirmed Loss, Theft or Diversion of Substances Among Patients

3.1 Staff shall report any suspected or confirmed loss, theft or diversion of substances among patients to the Program Manager or delegate. Details shall include, but are not limited to:

- a) date and time;
- b) location;
- c) substance, if known;
- d) individuals involved; and
- e) all staff who were witness to, or who were informed of the loss, theft or diversion.

3.2 The Program Manager or delegate shall:

- a) clarify with the patient(s), as appropriate, that theft or diversion of substances within the SCS/OPS are grounds for a temporary exclusion as per the AHS *Exclusion of Supervised Consumption / Overdose Prevention Services Procedure*;
- b) determine if a temporary exclusion will be enforced;
- c) advise staff of any decisions; and
- d) complete the *Loss, Theft or Diversion of Substance Report Form*.

4. Prevention and Mitigation Strategies

4.1 In order to limit the occurrences of substances being left behind and/or instances of loss, theft or diversion:

- a) staff shall complete the AHS *Patient Agreement – Supervised Consumption Services Ambulatory Setting Form*, including a discussion

of rights and responsibilities with each new SCS/OPS patient. Staff will inform the patient that:

- (i) their substances must be pre-obtained prior to entering the SCS/OPS;
 - (ii) their substances must remain in their possession at all times;
 - (iii) theft or diversion of substances on-site is strictly prohibited;
 - (iv) they are prohibited from visiting another patient's booth;
 - (v) used harm reduction supplies and substance packaging must be placed into the sharps container provided;
 - (vi) any substances left behind will be removed and immediately transferred to the local police service without the option for retrieval; and
 - (vii) all activities will be monitored by staff.
- b) signage outlining rights and responsibilities of patients shall be displayed at the SCS/OPS. Staff, as appropriate and as required, shall remind patients of this information and shall be available to answer any questions or concerns;
- c) staff shall monitor patients within the SCS/OPS in order to prevent loss, theft or diversion;
- d) staff shall remind patients to discard all used harm reduction supplies and substance packaging into the sharps bin provided and shall safely dispose of any used harm reduction supplies and substance packaging remaining;
- e) the SCS/OPS environment only allows for one-way movement (separate entrances and exits) with clear lines of sight permitting monitoring by staff; and
- f) patient access to the SCS/OPS shall be controlled to ensure adequate supervision and safety (see the AHS *Supervised Consumption / Overdose Prevention Services Policy*).
- 4.2 Following any occurrence wherein a substance is left behind and/or any suspected or confirmed instance of loss, theft or diversion, the Program Manager shall consult with staff and others as appropriate to identify strategies to mitigate or prevent their re-occurrence.

5. Retention Period

- 5.1 The *Found Substance Log Form* and the *Loss, Theft or Diversion of Substance Report Form* shall be retained for a period of five (5) years.

DEFINITIONS

Diversion means any substances sold, traded or gifted, on AHS property.

Illicit substances means illegally obtained drugs that are used for non-medical purposes.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Program Manager or delegate means the Responsible Person in Charge or Alternative Responsible Person in Charge as defined by Health Canada. The Program Manager or delegate is responsible for, among other things, ensuring that any health care providers involved in activities with illicit substances comply with the terms and conditions specified in Health Canada's exemption.

Staff means all Alberta Health Services employees, midwifery staff, students, and other persons acting on behalf of or in conjunction with Alberta Health Services.

Supervised Consumption / Overdose Prevention Services (SCS/OPS) means health services where individuals can inject or consume substances (including illicit substances) in a hygienic environment under the supervision of trained staff, and have opportunities to engage in and access other health and social services.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Exclusion of Supervised Consumption / Overdose Prevention Services Procedure* (#PS-94-02)
 - *Supervised Consumption / Overdose Prevention Services Policy* (#PS-94)
- Alberta Health Services Forms:
 - *Found Substance Log - Ambulatory Supervised Consumption Services Form* (#21023)
 - *Loss, Theft or Diversion of Substance Report – Ambulatory Supervised Consumption Services Form* (#21022)
 - *Patient Agreement – Supervised Consumption Services Ambulatory Setting Form* (#20982)

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