

September 2019

The Alberta Public Health Association (APHA) is a provincial not-for-profit association representing public health in Alberta. Established in 1943, the APHA is the only independent voice for public health in Alberta. We welcome the opportunity, as part of the supervised consumption services (SCS) review, to provide a submission to the appointed review committee.

As recognized by Health Canada, extensive peer-reviewed scientific literature, and Alberta's quarterly opioid surveillance reports, the **following evidence conclusively demonstrates** that SCS are cost-effective health services that save lives and promote the health of the members of our families and communities who use drugs.

SCS saves lives

The current overdose crisis is considered by many to be the greatest public health threat of our generation. In 2017, for the first time in over 40 years, Canada saw a decrease in life expectancy because of the opioid crisis.¹ In 2018, two Albertans died every day from opioid overdose with fentanyl involved in nearly 90% of those deaths.² Supervised consumption sites play a critical role in addressing the opioid crisis.³ Between January and March 2019, there were over 94,000 visits made to supervised consumption sites in Calgary, Edmonton, Grande Prairie and Lethbridge, with 863 overdoses attended to by staff.⁴ There is a 100% success rate with overdose reversals at Alberta SCS.⁵ This public health service saves lives – the lives of some of Alberta's most vulnerable citizens.

SCS provides a pathway for people to access treatment and health services

SCS reduce the harms associated with problematic drug use by providing linkages to social supports and addiction and health services.⁶ These services are instrumental in preventing and reducing the risk of life-threatening infections and illnesses (e.g. HIV, Hepatitis C) that can accompany problematic drug use.⁷ For example, staff at Edmonton's community-based supervised consumption sites have provided 25,000 external referrals since March 2018.⁸ Ultimately, these sites provide a supportive and protective service and support pathway for some of the most vulnerable people in our society.

1. Statistics Canada. *Changes in life expectancy by selected causes of death, 2017*. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/190530/dq190530d-eng.htm>

2. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

3. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

4. Alberta Health. *Alberta Opioid Response Surveillance Report: 2019 Q1*. Available from: <https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0cbd25b5-12c8-411a-b8ff-e9e5900a11e6/download/alberta-opioid-response-surveillance-report-2019-q1.pdf>

5. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

6. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

7. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

8. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

SCS health services provide cost-effective and efficient health service

SCS are a cost effective and efficient response to the opioid crisis and are fiscally prudent, lifesaving health services that save taxpayer money through efficient and effective disease prevention and health service delivery. SCS reduce the drug overdose burden on a highly impacted healthcare system, which has seen a huge surge in EMS calls, emergency department visits, and hospitalizations related to opioid use in Alberta.⁹ Annually, each site in Alberta is estimated to save between \$200,000 to 6 million dollars, and about 89% of overdose events on site avert Emergency Medical Services calls.¹⁰ In Canada, people who inject drugs are 59 times more likely to contract HIV and sharing of drug using equipment is the most prevalent way for a new transmission of Hepatitis C to be acquired.¹¹ SCS play a crucial role in preventing and reducing both HIV and Hepatitis C cases by providing access to safe and clean environments and harm reduction supplies and information as well as increasing access to infectious disease testing.¹²

SCS reduce needle debris

When SCS are implemented there is often a reduction in public injecting of drugs and less discarded drug use paraphernalia in public places.¹³ All SCS facilities are actively participating in the provincial *Needle Debris* program, which dedicates resources to respond to the needle debris issue around SCS locations.¹⁴ Each site now has staff and peer workers regularly involved in needle pick-up service on a daily or weekly basis around their facilities.¹⁵ For example, data from the City of Edmonton indicates a 51% reduction in needle debris since the SCS implementation.¹⁶

Crime around the SCS locations does not measurably increase

Peer reviewed scientific research has found that supervised consumption services do not measurably impact local crime trends.¹⁷ The Edmonton Police Services indicated that “there has not been a marked change in the number of reported crime occurrences before and after the first SCS opened”.¹⁸

Rigorous community consultations occurred prior to implementation of community SCS

The implementation of SCS locations were taken with careful consideration to community impact and were implemented in areas where there are a high need and integrated into services that already work with the population.¹⁹ Any community in Alberta that has received an approval by Health Canada to open a SCS has had to undertake rigorous and extensive community consultation. In Edmonton, for example, there have been regular ongoing quarterly meetings with residents, businesses, and city officials with a supervised consumption site in their community.²⁰

Misconceptions about SCS are driven by drug use-related stigma

The evidence does not support the harmful myths surrounding supervised consumption sites. The concerns regarding SCS are engrained in stigma which perpetuates the belief that people who use drugs are weak, immoral, or have made “bad choices”. Stigma makes it hard for people who use drugs to advocate effectively for themselves, making the conversation unbalanced and reinforces the shame experienced by those who suffer from

9. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

10. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

11. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

12. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

13. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

14. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

15. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

16. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

17. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review*. *Current HIV/AIDS Reports* 14 (5): 161–83.

18. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

19. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

20. Alberta Community Council on HIV. *A Community Based Report on Alberta's Supervised Consumption Service Effectiveness*. August 2019.

problematic substance use which can prevent people from accessing treatment and support services.²¹ The science shows that problematic substance use is often tied to struggles with mental health and other life circumstances that are often beyond an individual's control or choice.²² SCS provides stigma-free environments that support people who use drugs in staying safe, reducing the risk of adverse health outcomes and improving their quality of life.

Recommendations

As indicated by the extensive peer-reviewed scientific literature the APHA recommends the Alberta government implement a comprehensive public health approach in response to the opioid crisis which includes the implementation of SCS. We recommend the Alberta government:

1. Lift any moratorium on expanding or altering current implementation of SCS;
2. Implement processes to reduce drug use-related stigma; and
3. Address the root causes and determinants of problematic substance use, including the social determinants of health.

21. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review. Current HIV/AIDS Reports* 14 (5): 161–83.

22. Mary Clare Kennedy, M.C., Karamouzian, M., Kerr, T. *Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review. Current HIV/AIDS Reports* 14 (5): 161–83.