

March 23, 2020

The Honourable Jason Kenney
Premier of Alberta
307 Legislature Building 10800 - 97 Avenue NW Edmonton, AB Canada T5K 2B6

The Honourable Tyler Shandro
Minister of Health
423 Legislature Building 10800 - 97 Avenue NW Edmonton, AB Canada T5K 2B6

The Honourable Jason Luan
Associate Minister of Mental Health and Addictions
420 Legislature Building 10800 - 97 Avenue NW Edmonton, AB Canada T5K 2B6

Dear Premier Kenney, Minister Shandro, and Associate Minister Luan:

Re: Reject the socio-economic “review” of supervised consumption sites in Alberta

We write to you in response to Alberta Health’s report *Impact: A socio-economic review of supervised consumption sites in Alberta* (“review report”) released earlier this month.

We would like to renew the concerns expressed in our letter dated August 2019, when your government announced it would freeze funding for new vital supervised consumption services (SCS) and undertake a review of the evidence on SCS.¹

Our concerns regarding the future of existing and proposed life-saving SCS in Alberta remain strong after reviewing the review report. We caution your government against any hurried decision that is not based on methodologically sound, comprehensive, and scientific evidence on SCS, including their impact on the health and well-being of people who use drugs.

The review report is flawed and not supported by credible methods or the broader body of scientific evidence on SCS. First, by limiting the review to potential social and economic impacts without looking at the overall health benefits of SCS on people who use drugs, the report is inherently biased and partial. Other flaws include the report’s criticisms of how overdoses and reversals of overdose are sometimes characterized, suggesting that some providers are purposely misleading the public in their reports by inflating statistics. These criticisms completely misunderstand responses to overdoses and can only serve to create a hostile environment against these programs. Indeed, harm reduction experts are clear: oxygen is the first line of response in case of an overdose. Moreover, Alberta Health sets the standards for reporting adverse events of overdose and SCS providers are applying these standards.

At the same time, the review report recommends limiting access to SCS to people who use methamphetamine out of fear of public nuisance. Once again, this demonstrates a lack of understanding of the very purpose of harm reduction services, which is to reduce harm related

to drug use — not just opioids — and their need to adapt to the needs of the population they serve in order to ensure access. Drug testing throughout the country has found methamphetamine and other stimulants contaminated with synthetic opioids, posing an overdose risk to those who intend to use just stimulants. Many individuals accessing SCS are also polysubstance users who take both stimulants and opioids.

The review report also recommends that all SCS clients should provide identification when accessing SCS to facilitate access to other medical services that would facilitate “recovery.” But we know that preserving anonymity is key to ensuring access to services by the most marginalized people who use drugs, in a context when simple drug possession continues to be criminalized. Moreover, facilitating access to treatment and other health services are not the sole objectives of SCS. SCS are also meant to reduce overdose deaths and other health risks associated with drug use, such as the transmission of infections through shared equipment. Many people who consume drugs are unable or unwilling to stop. Like other harm reduction services (e.g. needle and syringe programs), SCS are a pragmatic, necessary, and compassionate response to this reality.

Another example of a problematic recommendation is the call to replace needle distribution programs with needle *exchange* programs. As described by the World Health Organization, one-for-one exchange policies have, in the past, contributed to HIV infections in Canada and have thus been abandoned. Similarly, policies that limit the number of needles distributed limit the effectiveness of needle and syringe programs to prevent HIV and hepatitis C (HCV) transmission. National and international practice and guidelines suggest that only those programs that operate towards the “unlimited distribution” end of the continuum are likely to achieve high coverage. Instead of imposing needle exchange policies, the government of Alberta should ensure harm reduction services receive adequate support and resources to address both the needs of their clients and the risks of needle debris in the community.²

Moreover, the review committee’s investigations indicate that while there have been no deaths reported on site, deaths due to opioid overdose are unabated, both within the vicinity of SCS site and elsewhere. Yet, their estimates include alcohol-related deaths. As recognized by Health Canada³ and Alberta Health Services,⁴ all of the available evidence, including substantial peer-reviewed scientific literature⁵ but also reports from Alberta SCS,⁶ demonstrate conclusively that these health services save lives and promote the health of people who use drugs.

Many of the findings in the report are based on the opinion of participants rather than on facts. This is of particular concern given the high level of stigma and discrimination against people who use drugs. The government did not allow the review committee to collect data or seek opinions on the benefits of SCS to people who use drugs themselves, and the review committee made no efforts to obtain the views of representative samples of Albertans. While opinions and concerns around safety and the security of neighbors are important, and when legitimate, should be addressed, these concerns cannot trump evidence on the benefits of these sites and they should not be used to deny people who use drugs their right to health and life.

Any policy decision should be based on evidence and public health imperatives.

We demand that the government of Alberta take measures to support SCS that have — and continue to be — essential elements of a provincial response to drug use and the overdose crisis. This includes not privileging treatment over harm reduction but recognizing their complementary nature. Rather than attacking these sites, the government should facilitate the scale-up of low threshold, non-medicalized, diverse, and accessible services. This is necessary to ensure access to services, reduce harms related to drug use, and overcome the overdose crisis.

People who use drugs, their loved ones, and Canada as a whole deserve better than decisions based on a flawed and biased report.

Endorsements:

- Canadian HIV/AIDS Legal Network
- Canadian Association of People who Use Drugs
- Harm Reduction Nurses Association
- Toronto Overdose Prevention Society
- Canadian Drug Policy Coalition
- Centre on Drug Policy Evaluation
- Alliance for Healthier Communities
- AIDS Committee of Windsor
- Sandy Hill Community Health Centre (Ottawa)
- Somerset West Community Health Centre (Ottawa)
- Positive Living Niagara
- Regional HIV/AIDS Connection (London)
- Parkdale Queen West Community Health Centre
- CACTUS Montréal
- Positive Living North
- South Riverdale Community Health Centre
- Moms Stop The Harm Society
- Project Safe Audience
- Atira Women's Resource Society
- Dr. Peter Centre (Dr. Peter AIDS Foundation)
- Canadian Students for Sensible Drug Policy
- AVI Health and Community Services Society
- Halifax Area Network of Drug Using People
- HaliFIX Overdose Prevention Society
- Manitoba Harm Reduction Network
- Avenue B Harm Reduction Inc.
- Pacific AIDS Network Society (British Columbia, Yukon)
- Fred Victor Centre (Ontario)
- As It Is Edmonton
- Ottawa Inner City Health

¹ Open Letter to Premier Kenney, Minister Shandro and Associate Minister Luan, Support for Life-saving Supervised Consumption Services, August 30, 2019. Available at www.aidslaw.ca/site/open-letter-to-premier-kenney-about-scs/?lang=en.

² WHO and UNAIDS, *Guide to starting and managing needle and syringe programs*, 2007; Canadian HIV/AIDS Legal Network, *Sticking points: barriers to access to needle and syringe programs in Canada*, 2007; C. Strike et al., *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1*, Working Group on Best Practice for Harm Reduction Programs in Canada, 2013.

³ Government of Canada, *Supervised consumption sites explained*, August 2018. Available at www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.htm.

⁴ Alberta Health Services, Supervised Consumption Services. Available at www.albertahealthservices.ca/info/Page15434.aspx.

⁵ See for example, M. Kennedy, M. Karamouzian & T. Kerr. "Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review," *Current HIV/AIDS Reports* 2017; 14(5): 161-183, doi: 10.1007/s11904-017-0363-y.

⁶ See for example, Alberta Health, *Opioid surveillance quarterly reports*. Available at www.alberta.ca/opioid-reports.aspx. See also Alberta Community Council on HIV, *Community-Based Report on Alberta's Supervised Consumption Services Effectiveness*, August 22, 2019. Available at <https://acch.ca/news/a-community-based-report-on-albertas-supervised-consumption-services-effectiveness/>.