Supervised Consumption: A Report for Calgarians
There was a 9267% increase in the number of opioid overdose deaths in the province of Alberta between 2011 and 2017. According to Alberta Health, in 2017 there were 562 deaths by fentanyl poisoning (2018). This is more than the death rates for motor vehicle accidents and homicides combined.

In 2012, one in six Canadians aged 15 years and older reported using opioid pain relievers. 243,000 Canadians reported misusing them. Government of Canada (2012)

In 2017, the Calgary Zone had the highest rate (15.2 per 100,000 person years) and Calgary had the highest number (215) of overdose deaths in the province (Alberta Health, 2018).

In 2016, Alberta Health announced funding to support the assessment of the need for and development of supervised consumption services (SCS) across the province. In February 2017, the Calgary Coalition on Supervised Consumption (CCSC) formed to guide the needs assessment and program planning in our city. The CCSC includes representatives from 19 organizations including Alberta Health Services, the City of Calgary, Calgary Police Services, the University of Calgary and numerous community-based organizations and service providers. In 2017, the CCSC did a research study involving a survey with 370 people who use substances, follow-up interviews with 10 people and three focus groups with employees working directly with people who use substances in Calgary.

This report summarizes findings from our needs assessment and research. The purpose is to describe the current state of Calgary’s opioid crisis and offer recommendations for evidence-based interventions to address it. Our goal is to provide information to help demystify and debunk myths associated with drug use, harm reduction, and supervised consumption services more specifically.
What is harm reduction?

Harm reduction is a nonjudgmental, evidence-based public health approach that acknowledges that people engage in risk behaviours and provides practical tools, strategies and knowledge to keep people safe and minimize death, disease and injury.

Examples of harm reduction include:

- Seatbelts
- Life jackets
- Bike helmets
- Needle exchange program
- Naloxone kits

In Calgary, 7% of new HIV cases and 43% of new HCV cases were linked to injection drug use.  
Communicable Disease Reporting System, 2016

What are supervised consumption services?

Supervised consumption services are interventions that provide a safe and hygienic environment where people can use pre-obtained illicit drugs under the supervision of trained staff (Bayoumi et al., 2012). They are a part of a wider harm reduction strategy to reduce the negative impacts of drug use. These services help to build trusting relationships between service providers and people who use drugs. As a result, people who access SCS will be more willing and will have more opportunities to engage in other health and social services.

SCS were originally established in the Netherlands (1970s), Switzerland (1980s) and Germany (1994). Currently, there are legal supervised consumption services in Australia, Canada, Luxembourg, Spain, France, and Austria. In Canada, these services came into effect in response to an HIV and opioid overdose epidemic in Vancouver and British Columbia in the 1990s. Opened in 2003, (located in Vancouver), Insite is North America’s first legally sanctioned supervised consumption service (Calgary Coalition on Supervised Consumption, 2017).
What are the benefits to SCS?

Over a 10-year period, 1191 new cases of HIV and 54 new cases of hepatitis C were averted with the introduction of the [Vancouver SCS] facility.

Bayoumi and Zaric (2008)

SCS save lives through the prevention of overdose and overdose death. They have also been demonstrated to reduce public drug use, discarding of drug use supplies in public spaces, and transmission of disease.

In addition, supervised consumption services reduce the pressure on first responders, (EMS, fire and police) and local hospitals while increasing access to drug treatment services.

A 2011 Canadian study estimates that the economic loss attributed to a recent HIV infection is $1.3 million per person, over the course of their lifetime.

Kingston-Richers, J. (2011)

There is a strong body of evidence that SCS have many benefits to communities. According to research from Vancouver, Sydney, Australia, and Germany, SCS do not contribute to more crime in the area surrounding a service (Toronto Drug Strategy Supervised Injection Services Working Group, 2013), and in some cases there is a reduction in petty crime.

SCS can connect people with treatment programs that increase the likelihood that people will stop misusing substances.

A 2001 study by Wood et al. showed that after the opening of an SCS, public drug use and publically discarded drug debris decreased.

What is fentanyl?

According to the RCMP (2017), fentanyl is an opioid painkiller that is 50 to 100 times more toxic than morphine. “It is now being imported and sold illegally with tragic consequences... Fentanyl has been mixed with other drugs... It has been used in tablets made to look like prescription drugs... it is odorless and tasteless and therefore hard to detect...2 milligrams of pure fentanyl (the size of about 4 grains of salt) is enough to kill the average adult. Unintentional exposure to pure fentanyl – touching or inhaling – can cause serious harm including death.”
What is naloxone?

Naloxone is a medication that reverses the effects of opiate poisoning.

What do we know about people who are using substances in Calgary?

Important issues emerged in our discussions with study participants. Many people talked about the difficulties they face in trying to access services and supports.

“In a lot of ways I’m embarrassed and humiliated, it hurts. That’s what it is, mostly it’s an escape from reality or your problems or your fears. That’s why a person uses or drinks. You just wanna put it on the back shelf for that 5 minutes or 15 minutes or hour.”

“They want you to quit right now and when you’re an addict or an alcoholic it’s not night and day it’s not a blink and shut it off, it’s a day by day, minute by minute experience.”

“They’re sick, they hurt, there’s a physical pain.”

We surveyed 370 people in Calgary who use substances. Below is a summary of what we learned.

Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>15-20</th>
<th>21-30</th>
<th>31-50</th>
<th>51-65</th>
<th>65+</th>
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<tbody>
<tr>
<td>0%</td>
<td>5%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
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<td>30%</td>
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<td>40%</td>
<td>45%</td>
<td>50%</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
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<tbody>
<tr>
<td>Percentage</td>
<td>63%</td>
<td>36%</td>
<td>1%</td>
</tr>
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We found that discrimination is a really big thing. A lot of people are afraid of people who use drugs.
Cultural background

Our survey participants ranged in age from 16 to 74 years old, most of whom were adult working age. While most people were Caucasian, 39% identified as Indigenous (First Nations, Inuit and Metis).

Drug use

Age of first use

- 24% were age 12 or younger
- 56% were between the ages of 13 and 18

While it may not be surprising, it is troubling that the majority of people were youth when they first started using substances. Seven percent of people in our survey were aged 10 or younger.

Injection drugs used

- Carfentanil
- OxyContin
- Hydromorphone, Dilaudid
- Morphine
- Fentanyl
- Heroin
- Cocaine
- Crystal meth

*percentages based on the number of individuals who used injection drugs in the last year
Drug use per day

![Drug use per day chart](image)

Most of the people we surveyed are using drugs several times per day.

41% of people indicated that they inject in public always or usually, mostly in washrooms, alleys, or in the park. Many people do so because they do not have a safe place to use.

81% of people who used crystal meth have shared, lent or borrowed a meth pipe. Of those who used injection drugs, almost 20% admitted to sharing a used needle and almost half had seen someone share a used needle.

Frequency of using alone

![Frequency of using alone chart](image)

78% of people had used injection drugs alone. This is problematic because of the risk for overdose, which can lead to a loss of consciousness, and even death as no one is there to call for help.
Overdose

Overdose is a risk that all individuals who use substances face. This risk is particularly high when people do not know how toxic the drug is or if it is laced with another substance like fentanyl. Almost a quarter of people reported having accidentally overdosed. Of those who reported overdosing by accident more than once, 37% most frequently overdosed on fentanyl and 53% of those who had overdosed did not know how toxic the drug was.

24% of survey participants had accidentally overdosed in last 6 months. Almost half of most recent overdoses were on the street, in the park or in a washroom.

4% were not given naloxone, two-thirds of people were taken to hospital, 75% were seen by an ambulance, and 41% said the police were called because of overdose. Calgary’s first SCS at the Sheldon M. Chumir Health Centre has already helped reduce strain on first responders, police and the health system. Costs to the system are also reduced, as early evidence shows that by March 31, 2018, the team has responded to 186 overdoses, and only 20 of these required EMS response.

In the first three months of operation, Safeworks SCS at the Sheldon M. Chumir Health Centre prevented 55 overdoses.

Accessing health and other services

The people we talked to expressed many difficulties trying to access health and other supports. 80% use walk-in clinics, urgent care centers and emergency rooms for their health care needs.

38% of people who received counselling indicated it was not enough, and 22% of people said they needed counselling but did not get it. Of those, 22% did not know where to go to get help, 13% said they were afraid to ask because of what people would think of them, 15% said they asked but did not get help, and 16% said the waitlists were too long.

Of those who wanted to access treatment but were unable, 25% attempted to access detox, 29% inpatient treatment and 53% had tried to access a treatment centre. 30% identified waitlists as a barrier and 26% were turned down for services.

Almost 80% of people we surveyed have never had a health care professional show them how to inject safely.
Why do we need SCS?

In Canada, the annual medical expenditures for hepatitis C alone are estimated to have reached $1 billion by 2010.

Public Health Agency of Canada (2009)

The people we talked to described situations of harassment and being judged because of stereotypes and a lack of awareness of the impacts of living with addiction.

“I would like to be able to access services without being judged.”

“You need to be able to go there without being harassed or judged or you know just treated like you’re not human… you’re an addict but you’re not a human.”

“People that are able to be compassionate and you know help others without judging and stereotyping every person that comes through their door. So just people with… an understanding of addiction.”

- Overdose deaths from fentanyl in Alberta have increased by 9267% since 2011.
- Many people don’t know they are taking fentanyl when they overdose and most don't know how toxic their drugs are.
- More than half have never been given a naloxone kit or shown how to use it.
- 42% believe they have an undiagnosed mental health issue and many do not have access to consistent medical care.
- The survey indicated participants experienced significant barriers to accessing treatment services, which can be reduced by SCS programs.
- Most participants would use an SCS and the most commonly reported reason for use was to improve safety.
What should SCS look like in Calgary?

“We Calgary is a big city, lot of urban sprawl, one site is not enough. People are overdosing everywhere in the city, including the suburbs.”

We asked participants where in the city we should operate supervised consumption services. Overwhelmingly, people believe that Calgary needs multiple services, including at the Sheldon M. Chumir Health Centre (71%), and through a mobile service that can reach people in areas of the city, both downtown and outside of the downtown core.

A mobile SCS that can park in set locations around the city received the most positive responses. 75% of respondents were willing to use a mobile SCS.

In addition to location, we asked what services people would like to see at a Calgary SCS. More than two-thirds want help for substance use and 83% want help with health concerns.

Almost three quarters of participants want help with housing and 78% want referrals to treatment. 71% want peer support, more than 80% said it is very important to distribute needles and injection equipment and 75% would like inhalation equipment.

86% said it would be very important to have hepatitis C and HIV testing onsite and many suggested drug testing equipment to check for fentanyl and other opioids.

We also asked people what they thought would change once SCS was implemented:

- 91% said overdoses would be prevented.
- 88% said there would be fewer needles on the street.
- 84% said fewer people would use in public.
- 81% said more people would access treatment programs.
What is next for Calgary?

After reviewing the data collected from the Alberta Drug Use and Health Survey, focus groups, and interviews, alongside surveillance information from Alberta Health and Alberta Health Services, CCSC has made the following recommendations to Alberta Health:

1. **Operationalize a mobile supervised consumption service.** A mobile program model (in a van or bus) is based on implementation best practices from other jurisdictions, including international programs in Europe, and those in Kamloops, Kelowna, and Montreal. This model allows for a quick and nimble response to an emerging crisis, and serves people in multiple locations, including those persons living outside the downtown core.

2. **Decentralize harm reduction services.** Overdoses and overdose deaths occur throughout the city of Calgary, and survey participants indicated a strong need for services outside of the city centre. Embedding harm reduction services into existing organizations and programs would improve access for all Calgarians.

3. **Implement Overdose Prevention Sites.** Overdose prevention sites (OPS) are shorter-term services that are implemented quickly to respond to the opioid crisis. They are currently sanctioned by Health Canada, but there are no provincial guidelines that outline the regulatory expectations of these sites. In Calgary, OPS could be embedded into existing programs and services to further decentralize supervised consumption services.

4. **Address the specific needs of people who smoke drugs.** A large majority of survey participants report smoking drugs, especially meth and crack. There is currently no pipe distribution program or supervised smoking program in Calgary. This is a large gap with opportunity for growth.

CCSC continues to meet on a monthly basis to work towards implementing these recommendations, in partnership with relevant stakeholders, Alberta Health, and people who use drugs.
### Myth and Fact Table

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myth: Harm reduction condones drug use.</td>
<td>Fact: Harm reduction recognizes that drug use is a reality, and seeks to improve health and safety within this reality.</td>
</tr>
<tr>
<td>Myth: SCS encourage drug use.</td>
<td>Fact: There is no evidence that SCS promote drug use. Studies indicate that they do not increase drug use or lower the first age of drug use.</td>
</tr>
<tr>
<td>Myth: SCS prevent people from seeking treatment for substance use.</td>
<td>Fact: SCS have been shown to increase engagement with healthcare and treatment for those who access the services.</td>
</tr>
<tr>
<td>Myth: Implementing harm reduction services is expensive.</td>
<td>Fact: Research demonstrates that harm reduction is cost effective and saves money through reduction in health care costs, reduction in disease transmission and reduced reliance on emergency services. One study estimated $6 million in annual savings through the implementation of an SCS program.</td>
</tr>
<tr>
<td>Myth: SCS will increase crime rates in my community.</td>
<td>Fact: There is a strong body of international research that shows that SCS do not increase crime in the area surrounding the services, and have been associated with a reduction in petty crime.</td>
</tr>
</tbody>
</table>
Heat Maps

Figure 1:
Rate (per 100,000 person years) and counts of apparent accidental drug poisoning deaths related to an opioid (including fentanyl), in the City of Calgary, based on place of overdose, by LGA. Jan. 1, 2017 to Dec. 31, 2017.

Calgary average: 17.4 per 100,000 person years (n = 224)

• Within the City of Calgary, the LGAs with higher or significantly higher rates of apparent accidental drug poisoning deaths related to an opioid (including fentanyl) compared to the city average were Centre, Centre-North, East, and West Bow. However, 58 per cent of the total deaths occurred in LGAs outside of these areas.
• The place where the overdose occurred was the same as the individual’s home address for 65 per cent of these deaths in Calgary.

Legend
Rate of opioid/fentanyl drug overdose deaths per 100,000 compared to city average
- Significantly lower
- Lower
- Average
- Higher
- Significantly higher
- No deaths

Note: Place of death was used as the place of the overdose, except in instances where the place of death occurred in a hospital. In instances where the death occurred in a hospital, if EMS had responded to the individual for an opioid related event within 24 hours of the death, the location of the EMS response was used as place of the overdose. If no EMS visit occurred within 24 hours, the hospital death was excluded. In Calgary, a hospital was the place of death in 16 per cent of deaths.
Emergency Medical Services data

Figure 2:
Rate (per 100,000 person years) and count of Emergency Medical Services (EMS) responses to opioid related events, by LGA. Jan. 1, 2017 to Dec 31, 2017.

Calgary average: 129 per 100,000 person years (n =1,698)

Legend
Rate of opioid/fentanyl drug overdose deaths per 100,000 compared to city average
- Green: Significantly lower
- Light green: Lower
- Yellow: Average
- Orange: Higher
- Red: Significantly higher
- White: No deaths

Number in blue circle represents counts (numerator)
References


