

Friday, August 30, 2019

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: Support for Life-saving Supervised Consumption Services

We write to you as organizations concerned about the health and welfare of some of the most vulnerable Albertans, following the announcement that your government is freezing funding for new vital supervised consumption services (SCS) and undertaking a review of the community impact of SCS.^{1,2} The recently released “Community-Based Report on Alberta’s SCS Effectiveness” from the Alberta Community Council on HIV (ACCH) clearly demonstrates that they save lives and money, and provide a pathway to treatment and other services.³

Organizations providing SCS are important contributors to community wellness and continuously seek partnerships within the communities where they operate so as to mitigate potential impacts of their operations. We will work with the Alberta government’s Supervised Consumption Services review committee to ensure the understanding that our actions have a net positive impact on communities. We welcome that your government has publicly stated that it recognizes the wealth of evidence supporting the effectiveness of SCS, but also want to highlight how SCS contribute to the community, providing essential services making our communities healthier as a whole.

A moratorium on expanding these life-saving services would be catastrophic to public health, cause immense stress and anxiety to frontline workers, and add to the divisiveness within the affected communities. As recognized by Health Canada,⁴ extensive peer-reviewed scientific literature,⁵ and Alberta’s quarterly opioid surveillance reports,⁶ the 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.⁷

In 2018, on average two people died every day in Alberta because of an accidental opioid-related poisoning; 137 people died in the first quarter of 2019 alone. During the same period, there were zero overdose deaths across 863 overdoses at SCS in Edmonton, Calgary, Lethbridge and Grande Prairie.⁸ We note that there has been a significant 24% drop in the number of fentanyl-related deaths in Alberta over the six-month period covering the end of 2018 and the first months of 2019 (from 180 in Q3 2018 to 137 in Q1 2019), suggesting that the still-limited harm reduction services put in place to respond to the crisis are having a positive impact.⁹ Without such services, the death toll would be even higher. We need more, not fewer services.

Suspending funding for SCS (and for related overdose prevention sites), will mean more people will die. They are vital health services. SCS can and do contribute to the safety and quality of life of community members by reducing the impact of open drug use and discarded drug-use paraphernalia, but it must also be remembered that the fundamental goals of such health services remain to save lives and minimize harm among people who use substances. First and foremost, our response to the overdose crisis must be informed by these public health imperatives, as courts have recognized.¹⁰

Overdose deaths and other harms, such as costly transmissible infections, are preventable if the right measures are taken. Increased funding for drug dependence treatment in Alberta is necessary and welcome, but this cannot come at the expense of evidence-based harm reduction services. These interventions are, and must be understood as, complementary. Not all drug use is problematic use indicating a need for treatment (but there is still a need for the sterile equipment and safety that an SCS provides), and those experiencing problems associated with substance use may be unwilling or unable, for myriad reasons, to enter treatment, particularly if it is abstinence-only in its orientation.¹¹ For others, treatment has not been successful, sometimes multiple times, again for various reasons. We cannot condemn the people who will not or cannot access treatment to the back alleys and bathrooms, as was happening prior to SCS, resulting in preventable harms, including deaths.

We urge you to heed the recommendations of experts in public health, clinicians, nurses, front-line harm reduction staff, those with lived experience of drug use, and people who have used harm reduction services on their path to treatment. Rather than impeding access to life-saving health services, we urge you to work with community organizations and other health services providers to ensure greater, equitable access to SCS for the people of Alberta.

Signed:

Alberta organizations:

ACT Alberta
Addiction Medicine Section of Alberta Medical Association
Addictions Counselling Program, Medicine Hat College
Adherence and Community Engagement (ACE) Team
Alberta Addicts Who Educate and Advocate Responsibly
Alberta Community Council on HIV
Alberta Nurses Coalition for Harm Reduction
Alberta Public Health Association
Alexander K. Yeung Professional Corporation
Bent Arrow Traditional Healing Society
Blood Tribe Safe Withdrawal Site

Boyle Street Community Services
Boys & Girls Clubs of Calgary
Brienne Tetz Professional Corporation
Calgary Harm Reduction Alliance
Calgary John Howard Society
Calgary Pride
Canadian Mental Health Association, Central AB
Chiral Health Ltd
Chris Graham Pharmacy Ltd.
Collaborative for Health and Home
College of Licensed Practical Nurses of Alberta
CRISM | Prairies
Dr David Kirschner Medical Corporation
Department of Emergency Medicine, University of Alberta
Edmonton Mennonite Centre for Newcomers
Erica Dance Professional Corporation
HOPE (Hat Overdose Prevention Education)
Indigo Harm Reduction Services
Jeffrey A Mohler Professional Corporation
John Howard Society of Red Deer
Medicine Hat Addiction Clinic
Medicine Hat Drug Coalition
Metis Child & Family Services Society-Edmonton
Research Arm, Inner City Health and Wellness Program
Robert Keyes Professional Corporation
S Dong & K Dong Professional Corporation
Safe Harbour Society
Scott MacLean Prof Corp
Section of Emergency Medicine
Section of Public Health and Preventive Medicine, Alberta Medical Association
Street CCRED
Streetworks
Sunrise Community Link Resource Centre
Taryn L Brown Professional Corporation
Terra Centre for Teen Parents
The Alberta Foundation for Changing the Face of Addiction.
The John Howard Society of Red Deer
Turning Point Society of Central Alberta
Wardell Centre for Chronic Pain Disease
YESS: Youth Empowerment and Support Services

National organizations and other provinces:

Canadian Association of People who Use Drugs (CAPUD)
Canadian Association of Nurses in HIV/AIDS Care (CANAC)
Canadian Drug Policy Coalition
Canadian HIV/AIDS Legal Network
Canadian Medical Association
Canadian Nurses Association
Canadian Public Health Association
Canadian Research Initiative In Substance Misuse (CRISM): Ontario Node
Centre on Drug Policy Evaluation

CRISM BC Node
CRISM Quebec-Atlantic node
Harm Reduction Nurses Association
Moms Stop The Harm

¹ J. Giovannetti, “Kenney government says it will be reviewing safe drug-use site, response plans to opioid crisis,” *The Globe and Mail*, May 31, 2019.

² Government of Alberta, “Expert panel to review supervised consumption sites”, www.alberta.ca/release.cfm?xID=64325A908870E-CB08-8889-C1469DB961796FA8&fbclid=IwAR3DmLOWpCSvcuk7bYfT2ZjOz5IlxVHpVdxeY5eMPhoEK8x0h1eTACwAdTk, August 19, 2019.

³ Alberta Community Council on HIV, *Community-Based Report on Alberta’s SCS Effectiveness*, 22 August 2018. Available via www.acch.ca.

⁴ Government of Canada, “Supervised consumption sites explained,” August 2018, available at: www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html.

⁵ See, e.g., 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 Alberta Health, *Opioid surveillance quarterly reports*. Available at www.alberta.ca/opioid-reports.aspx.

⁷ M. Andresen & N. Boyd, A cost-benefit and cost-effectiveness analysis of Vancouver’s safe injection facility. *International Journal of Drug Policy* 2010; 21: 70–76.

⁸ Alberta Health, *Alberta Opioid Response Surveillance Report - 2019 Q1*, June 2019.

⁹ M. Macintosh, “We don’t want to be over-optimistic’: Deadly fentanyl overdoses on the decline in Alberta,” *CBC News*, June 28, 2019, available at: <https://www.cbc.ca/news/canada/calgary/fentanyl-overdose-deaths-drop-alberta-1.5195184>.

¹⁰ *Chinatown and Area Business Association v. Attorney General of Canada*, 2019 FC 236 at para. 100, available at <http://canlii.ca/t/hxt75>.

¹¹ Harm Reduction International, “What is Harm Reduction?,” available at: www.hri.global/what-is-harm-reduction.