

Supervised Consumption Services in Alberta

Presentation to the Calgary Council on Addiction and Mental
Health

Calgary Coalition on Supervised Consumption
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Overview

- About ACCH
- Harm Reduction
- Supervised Consumption Services
- Update on processes
 - Edmonton: Application for federal exemption
 - Calgary, Medicine Hat, Red Deer, Lethbridge, Grand Prairie, Fort McMurray & Edson: needs assessment

About ACCH



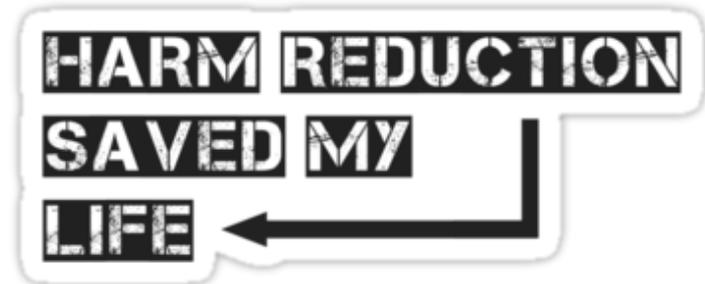
- Alberta Community Council on HIV
- Provincial group
- Funded by Alberta Health
- Harm Reduction Committee
 - 7 organizations
 - Province wide
 - Meet every two weeks

Defining Harm Reduction

- Public health approach
- Core belief: communities may never eliminate individual participation in risk behaviours
- Harms associated with those behaviours, such as disease, death, crime and suffering, can be reduced
- Does not condone illegal risk behaviours but acknowledges that these behaviours exist
- In the interest of public health and the needs of affected populations, associated harms should be mitigated.

Principles of Harm Reduction

- Evidence-based & cost effective
- Promotion of human rights & dignity
- Focus on reducing harms instead of abstinence
- Pragmatic & practical
- Public health approach
- Participation of drug users
- Innovative & flexible
- Value neutrality



Defining Harm Reduction

I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR
ACCIDENTS EITHER, BUT I STILL
THINK SEATBELTS ARE A GOOD IDEA.

Harm Reduction - practicing common sense since the 1980's.

care2
<http://bit.ly/ban-floaties>

WE SHOULD BAN LIFE JACKETS & OTHER FLOTATION DEVICES

THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY
100% EFFECTIVE WAY TO PREVENT DROWNING IS
TOTAL ABSTINENCE FROM GOING IN THE WATER.

and if you do, by chance, find yourself struggling with drowning, then no life-saving or otherwise procedure or act should be allowed to be administered. you got yourself into this mess, you have to live with the consequences.
YOU SHOULD SEE DROWNING AS A GIFT.

ALSO, IF YOU WERE FORCIBLY **PUSHED** INTO THE WATER, **DON'T WORRY**. IF IT WAS A LEGITIMATE PUSHING, YOUR BODY WILL FIND A WAY TO SHUT OUT ALL THE WATER AND SURVIVE THE DROWNING.

original source: <http://breatheiswordvomit.tumblr.com/>

Common Misconceptions

Providing drug equipment enables drug users to use.

Extensive research shows that providing safer injection supplies does not increase drug use or lower the age of first injection(1).

Distributing drug equipment is illegal.

Safer injection supplies are legally distributed in Canada as medical devices used in the “...mitigation or prevention of a disease...”(2).

Harm reduction is an inefficient use of public funds.

By reducing HIV/HCV transmission, health care costs are substantially reduced. Estimated costs of an HIV infection is \$1,300,000 per person, and treatment of one HCV infection may approach \$110,000 in medication costs alone (3,4).

1. World Health Organization. (2004). Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users: Evidence for action technical papers.

2. Government of Canada. Food and Drugs Act R.S., 1985, c. F-27. s.2.

3. Kingston-Riechers, J. (2011) The Economic Cost of HIV/AIDS in Canada. Canadian AIDS Society.

4. Alberta Blue Cross. Interactive Drug Benefits List. https://www.ab.bluecross.ca/dbl/idbl_main1.html

Support for Harm Reduction

AHS policy:

“Alberta Health Services recognizes the value of harm reduction as an important component in the continuum of care required to effectively serve individuals that use psychoactive substances.

Alberta Health Services may directly, or in partnership with community agencies, provide a range of harm reduction programs and services that assist individuals, families and communities to reduce the risk and adverse consequences of psychoactive substance use.” (2013)

Support for Harm Reduction

“The CNA and CANAC recognize harm reduction as a pragmatic **public health approach** aimed at **reducing the adverse health, social and economic consequences** of at-risk activities...

(CAN and CANAC Joint Statement on Harm Reduction)

“The **CMA fully endorses harm reduction strategies and tools**, including supervised injection sites...CMA’s position is that addiction should be recognized and treated as a serious medical condition.”

(Review of the Controlled Dugs and Substances Act, Canadian Medical Association, March 2014)

“The **WHO strongly supports harm reduction as an evidence-based approach** to HIV prevention, treatment and care for people who inject drugs.”

(Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Exchange Programming in Reducing HIV/AIDS in Injecting Drug Users)

Harm Reduction Programs

- Harm reduction supply distribution (aka needle exchange programs)
- Naloxone Kits
- Supervised consumption services
- Opioid Replacement Therapy
- HIV/HCV/ STI screening



Harm Reduction Works!

- New HIV diagnoses among people who inject drugs

Male

- 2000 ▶ 38%
- 2006 ▶ 21%
- 2011 ▶ 16%
- 2015 ▶ 11%

Female

- 2000 ▶ 57%
- 2006 ▶ 28%
- 2011 ▶ 17%
- 2015 ▶ 19%

(Alberta Health Surveillance, 2000-2015)

Supervised Consumption Services

- AKA “safe injection sites”
- Safe -> supervised
- Injection -> consumption
- Site -> services
- Insite
 - North America’s first safe injection site
 - Has never had a death on site



Example: Insite

- Staffed by RNs, SW, and Community Health Workers
- Partnership between Portland Hotel Society and Vancouver Coastal Health
- In 2015, avg 722 visits and 440 injection room visits per day
- No fatal overdoses since opening in 2003
- Insite users 70% less likely to share needles
- 33% more likely to seek detox and treatment
- No increase in drug related crime, trafficking arrests, assault, robbery

(BC Centre for Excellence)

- Decreases in vehicle break-ins, public injection, syringes discarded in public places

(BC Centre for Excellence)

- Estimated \$18m savings in health care costs in 10 years

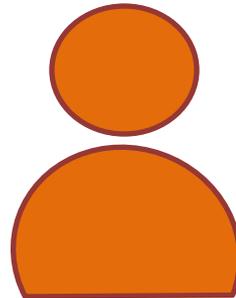
(Canadian Medical Association Journal)



Individual Benefits

Connection to
care and services

HIV and
hepatitis C
prevention



Empowerment

Trust and respect
with service
providers

Decreased
emergency
room visits

Community Benefits

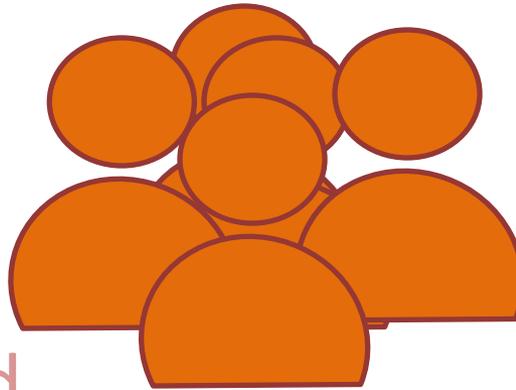
Decreased stigma
and discrimination

Decreased
crime

Safer
environment

Improved
population health
outcomes

Lower
healthcare
costs



Current State in Alberta

- In 2016, there were 343 deaths by fentanyl overdose
- 51 deaths in first 6 weeks of this year
- Calgary has highest number of deaths
- Number rose from 70 in 1st quarter to 111 in 4th quarter
- Majority of deaths occurred in large urban centres
- From Jan 2014-Sept 2016 there were 19,930 emergency visits related to opioids

Calgary Coalition on Supervised Consumption

- Multidisciplinary coalition
- Tasked with informing needs assessment, program development and implementation
- Representation from:
 - Alberta Health Services
 - City of Calgary
 - Calgary Police Service
 - SORCe
 - Harm Reduction Programs
 - AAWEAR
 - University of Calgary
 - Shelters
 - Calgary Homeless Foundation

Calgary: Needs Assessment

- Facilitated through ACCH, in partnership with UofC, and funded by Alberta Health
- Principal Investigator: Dr. Katrina Milaney
- Local coalition of various stakeholders (CCSC)
- Local consultant and research assistants
 - Survey of people who use drugs
 - Focus groups with service providers
 - Population data from city census
 - Crime statistics
 - Overdose rates
 - Rates of sexually transmitted and bloodborne infections (STBBIs)
 - Harm reduction supply distribution and debris

How You Can Help

- Survey promotion
 - Posters
 - Cards to hand out
- Focus groups
- Seeking a representative from the treatment centres group for CCSC

Select References and Resources

- AHS: www.stopods.ca
- CATIE: www.catie.ca
- AAWEAR: www.aawear.org
- Buxton, Preston, Mak, Harvard, Barley and the BC Harm Reduction Strategies and Services Committee. “More Than Just Needles: An Evidence-Informed Approach to Enhancing Harm Reduction Supply Distribution in British Columbia” (2008)
<https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-5-37>
- Wood, Spittal. “Maximising the Effectiveness of Harm Reduction Programmes” (2003) [http://www.ijdp.org/article/S0955-3959\(03\)00078-1/fulltext](http://www.ijdp.org/article/S0955-3959(03)00078-1/fulltext)
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http://www.jstor.org/stable/41993976?seq=1#page_scan_tab_contents
- Canadian Centre on Substance Abuse. “Harm Reduction: What’s in a Name?” (2008): pg. 3) <http://www.ccsa.ca/Resource%20Library/ccsa0115302008e.pdf>
- British Columbia Ministry of Health. “Harm Reduction: A British Columbia Community Guide” (2005)
<http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>