

Supervised Consumption Services – Frequently Asked Questions



1. What is the Medicine Hat Coalition on Supervised Consumption (MHCSC)?

The MHCSC is a multi-stakeholder group providing advisory support to the assessment of need for and potential development of supervised consumption services (SCS) in Medicine Hat. This includes research into the needs of people who use drugs and recommendations around program design and locations.

2. What are supervised consumption services (SCS)?

SCS provide a safe and hygienic environment where people can use pre-obtained illicit drugs under the supervision of trained staff. [1] They are a part of a wider harm reduction strategy to reduce the negative impacts of drug use. These health 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.

3. Why are we exploring the need for supervised consumption services?

Since 2014, there has been an exponential increase in the number of overdoses and overdose deaths in the province of Alberta. In 2016, 349 people died as a result of a fentanyl overdose, and this number continues to increase. 243,000 needles were distributed in Medicine Hat last year, and there has been a 95% increase in the distribution harm reduction supplies from 2012-2016.

4. What are the benefits of supervised consumption services?

SCS help limit disease transmission and save lives. Studies demonstrate significant benefits including fewer overdose deaths, reductions in public drug use, reduction in HIV and hepatitis C transmission, engagement with health care and treatment services and improved health and well-being. [2] They also decrease use of hospital and other emergency services.

5. Why would public funds be used for SCS?

SCS provide hygienic and supervised environments for drug use, as well as medical supplies like unused syringes and swabs. Research demonstrates that SCS are cost-effective and save money through reduction in health care costs. [2]

6. Won't the supervised consumption services encourage more drug use?

There is no evidence that SCS or other harm reduction services promote drug use. SCS are used primarily by people with a long history of injection drug use and studies indicate that they do not increase injection or lower the age of first injection.

7. Who pays for the drugs?

The people who access the services use their own previously obtained drugs. Drugs are not purchased with public funds, nor are they available for purchase onsite.

8. Will supervised consumption services increase crime rates in communities where they are implemented?

There is a strong body of research that demonstrates that SCS have many benefits to the community. According to research from Vancouver, B.C., Sydney, Australia, and Germany, SCS do not contribute to more crime in the area surrounding a service [3], and in some cases there is evidence of reduction in petty crime. SCS further contribute positively to the community through decreases in drug use and discarded drug use supplies in public spaces.

9. Do supervised consumption services exist elsewhere in the world?

SCS were originally established in the Netherlands (1970s), Switzerland (1980s) and Germany (1994). Currently, there are legal supervised consumption services in countries like Australia, Canada, Luxembourg, Spain, France, and Austria. In Canada, these services came into effect in response to an HIV epidemic among injection drug users and an opioid overdose epidemic in Vancouver and British Columbia in the 1990's. Opened in 2003, located in Vancouver's Downtown Eastside, Insite is North America's first legal supervised injection site, operating under a constitutional exemption to the Controlled Drugs and Substances Act.

For more information, please send us an email at info@hivcl.org.

Supervised Consumption Services (SCS)

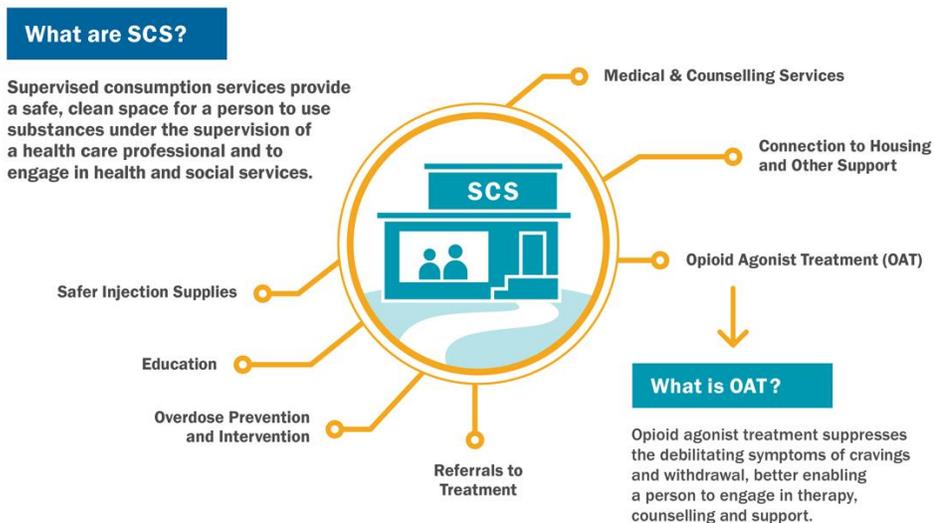


Image Courtesy: Fraser Health

1. Strike, C., Bayoumi, A.M., et al. (2012). Report of the Toronto and Ottawa Supervised Consumption Assessment Study, 2012. Toronto, Ontario: St. Michael's Hospital and the Dalla Lana School of Public Health, University of Toronto. Retrieved from <http://www.catie.ca/sites/default/files/TOSCA%20report%202012.pdf>
2. Bayoumi, A. M., & Zaric, G. S. (2008). The cost-effectiveness of Vancouver's supervised injection facility. CMAJ November 18, 2008 vol. 179 no. 11 doi: 10.1503/cmaj.080808 <http://www.cmaj.ca/content/179/11/1143.abstract>
3. Toronto Drug Strategy Supervised Injection Services Working Group. (2013). Supervised injection services toolkit. Toronto: Toronto Drug Strategy Implementation Panel. Available from <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>