Myths and Facts

About Supervised Consumption Services (SCS)

Myth: Offering Supervised Consumption Services will encourage people to experiment with and use drugs.

Fact: The people who use Supervised Consumption Services are already dealing with addictions. They are often homeless people who use drugs in public places because they do not have the option of a safe environment.

The first time a person accesses Supervised Consumption Services, they meet with a nurse to discuss their drug use and their circumstances. The key to providing the services is to build relationships with people and connect them with appropriate supports to be healthier and to stay alive.

Myth: Supervised Consumption Services are "shooting galleries" where people with addictions can congregate to use drugs.

Fact: The space for Supervised Consumption Services is a safe, clean environment with stations equipped for individual substance use under observation by a nurse. The nurse can educate the individual on safer consumption practices and provide primary care as needed. After consumption, people have a safe space to rest and talk with a nurse, social worker or peer support worker to discuss the resources they are accessing as well as additional supports they need such as health care, social services and addictions counselling.

Myth: Adding medically Supervised Consumption Services creates problems that don't currently exist in the community.

Fact: In Alberta, 559 people died as a result of opioid overdoses in 2016. Of these deaths, 363 were attributed to fentanyl or carfentanil, which are often laced into other drugs.

Everyone in the community benefits from adding services that encourage people already engaged in high-risk activity to come into a controlled facility where they can reduce harm to themselves and access support services.

In the ARCHES 2017 Outreach and Harm Reduction Evaluation, 75 per cent of drug users reported that they had injected in public during the previous six months. Without a safer alternative, people are injecting drugs in public places such as under the Highway 3 overpass along Stafford Drive, in the bushes by the homeless shelter, in back alleys, behind dumpsters, and in public washrooms. Discarded needles are just one of the consequences of this public drug use.

In the survey, 18.9 per cent of drug users reported borrowing or lending used needles. This practice increases the risk of infectious diseases, such as HIV and Hepatitis C, as well as other serious infections that could require costly hospitalization. It can also lead to accidental overdose and even death.

Myth: People who inject substances can access new needles whenever they want to and therefore shouldn't have to share.

Fact: Lethbridge's harm reduction organization, ARCHES, has been in operation since 1988. In 2016, ARCHES distributed more than 100,000 needles through four locations around Lethbridge. However, respondents to the recent ARCHES Outreach and Harm Reduction Evaluation said the primary reason for sharing needles is the difficulty accessing new needles on evenings and weekends

Myth: People with drug addictions should just access mainstream health services that are available to everyone.

Fact: Some already do access the mainstream health system, but often only when it is too late. Because of the stigma associated with drug use, people dealing with addictions are unlikely to access health services, except in emergencies. They will seek help when they have formed trusting relationships with community organizations where they feel accepted and respected.

Myth: Introducing Supervised Consumption Services will create a "honey pot" effect, attracting people from all over the city to inject or use drugs in other ways.

Fact: The recent ARCHES Outreach and Harm Reduction Evaluation in Lethbridge indicated that most people would only travel up to five blocks to use Supervised Consumption Services.

Myth: People who sell drugs will be attracted to congregate and target those who come to use Supervised Consumption Services.

Fact: Enforcement related to drug dealing is a key component of a comprehensive strategy in addressing community substance abuse issues. Supervised Consumption Services can be integrated within facilities where people with and without addictions already use services, the type of service individuals are seeking when they enter is not obvious.

Myth: Medically Supervised Consumption Services will eliminate all social problems in the city.

Fact: Medically Supervised Consumption Services will make a substantial difference, but they are a way to reduce harm, not a cure-all. They are one important part of a comprehensive approach to promote

the health and social well-being of people who use drugs. Other key elements involve education and awareness, prevention, treatment and enforcement.

Myth: Instead of spending taxpayers' money on Supervised Consumption Services, we should put all our resources into prevention, treatment and enforcement.

Fact: The most effective approach is multi-faceted and includes education, prevention, harm reduction, treatment and enforcement. No single approach on its own will solve the whole problem. The reality for people who use drugs is that their health and survival are at risk. The goal of Supervised Consumption Services is to provide people with a safe place while also helping them start to break their addictions.

The lifetime cost is high to treat infectious diseases such as HIV and Hepatitis C, which are contracted from sharing used needles, and to treat infections from unsafe needle practices. For every dollar spent on Supervised Consumption Services, five dollars are saved in health care and emergency services costs. *Please refer to the attached information: "Impact of Status Quo on Health System Spending"*