

Community Impact of the Boyle McCauley Health Centre  
Supervised Consumption Service

A report compiled for  
the Office of Controlled Substances, Health Canada  
Boyle McCauley Health Centre Supervised Consumption Services  
January 31, 2019

## **Acknowledgments**

This report was prepared with the assistance of Hannah L. Brooks (Data Coordinator) and Elaine Hyshka (Assistant Professor) from the University of Alberta School of Public Health. We would also like to acknowledge the efforts of staff at the City of Edmonton, Edmonton Police Service, and Alberta Health Services who either supplied or attempted to supply us with information for inclusion in this report.

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## List of Abbreviations

<b>AMISE</b>	Access to Medically Supervised Injection Services in Edmonton
<b>BSCS</b>	Boyle Street Community Services
<b>CLC</b>	City of Edmonton Supervised Consumption Services Community Liaison Committee
<b>EPS IPD</b>	Edmonton Police Service Intelligence Production Division
<b>EMS</b>	Emergency Medical Services
<b>SCS</b>	Supervised Consumption Services

## Glossary

<b>Community member</b>	A person who visited the Boyle Street Community Services Supervised Consumption Service and was registered into the NEO 360 computer database system
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## 1. Executive Summary

This report responds to Health Canada's requirement for a special 90-day report, stated as follows in the Boyle McCauley Health Centre federal exemption letter, under Other Terms and Conditions clause 18:

*You must provide a report of the impacts of the supervised consumption services on the neighbourhood where the Site is located. These impacts could include, but are not limited to, general demographics of the clients served, public complaints, overdoses in the vicinity, drug-related crime, Publicly discarded syringes, public disorder, ongoing community engagement and mitigation efforts, etc. The report should be sent to the OCS [Office of Controlled Substances, Controlled Substances Directorate, Health Canada] 90 days after the Site begins offering services to the public and will be made publicly available.*

This 90-day report captures data from individuals who visited the Boyle McCauley Health Centre supervised consumption services site (BMHC SCS) during the first 60 days of operations, as well as available data from external sources.

The BMHC SCS opened on November 5, 2018 and the 60-day reporting period ended on January 3, 2019. Between November 5, 2018 and January 3, 2019, 256 unique individuals (henceforth known as community members) visited the site. Of these 256 community members, 182 (71%) were male and 136 (53%) identified as First Nations, Metis, or Inuit. These community members had a mean age of 40 with an age range of 17 to 65.

Between November 5, 2018 and January 3, 2019, community members made a total number of 1,709 visits to the BMHC SCS with an average number of 36 visits per day. During these 1,709 visits, community members were provided 5,477 internal services and 1,590 external referrals. Community members consumed drugs in 1,622 (95%) of the visits. In 1,212 visits (75%) community members consumed opioids, in 422 visits (26%) community members consumed stimulants. A total of 18 overdose events were successfully reversed.

A report completed by the Edmonton Police Service describes an increase in the number of calls to police services within the Boyle Street and Downtown neighbourhoods after the opening of the BMHC SCS. However, the report also clearly states that the increase could not be attributed to the establishment of the BMHC SCS. A report from the City of Edmonton shows that the number of publicly discarded syringes collected around the facility was stable in the 60 days following the opening of the BMHC SCS, as compared to the same time period the previous year.

Feedback from community members regarding their experiences at the BMHC SCS is included in this report, along with reasons why community members presented to the BMHC SCS but did not inject. Also, details regarding the BMHC Executive Director's participation in the City of Edmonton Supervised Consumption Services Liaison Committee are described.

Some of the anticipated data from external sources for this report were not available at the time of writing but will be included in documentation as they become available. Information on the frequency of overdose incidents in the vicinity of the BMHC SCS from Alberta Health Services was not available in time for inclusion in the present report.

## 2. Data on visits to the BMHC SCS from March 23, 2018 to December 31, 2018

### 2.1 Hours of BMHC SCS operations

The BMHC SCS opened on November 5, 2018 and is open Monday through Thursday 8:30 h to 19:00 h, Friday 08:30 h to 15:30 h, and Saturday 9:00 h to 12:00 h. The BMHC SCS is closed on Sundays.

At times the BMHC SCS was closed during usual business hours for internal or other reasons. The dates, times, and reasons for closure from November 5, 2018 to January 3, 2019 are displayed in Table 1.

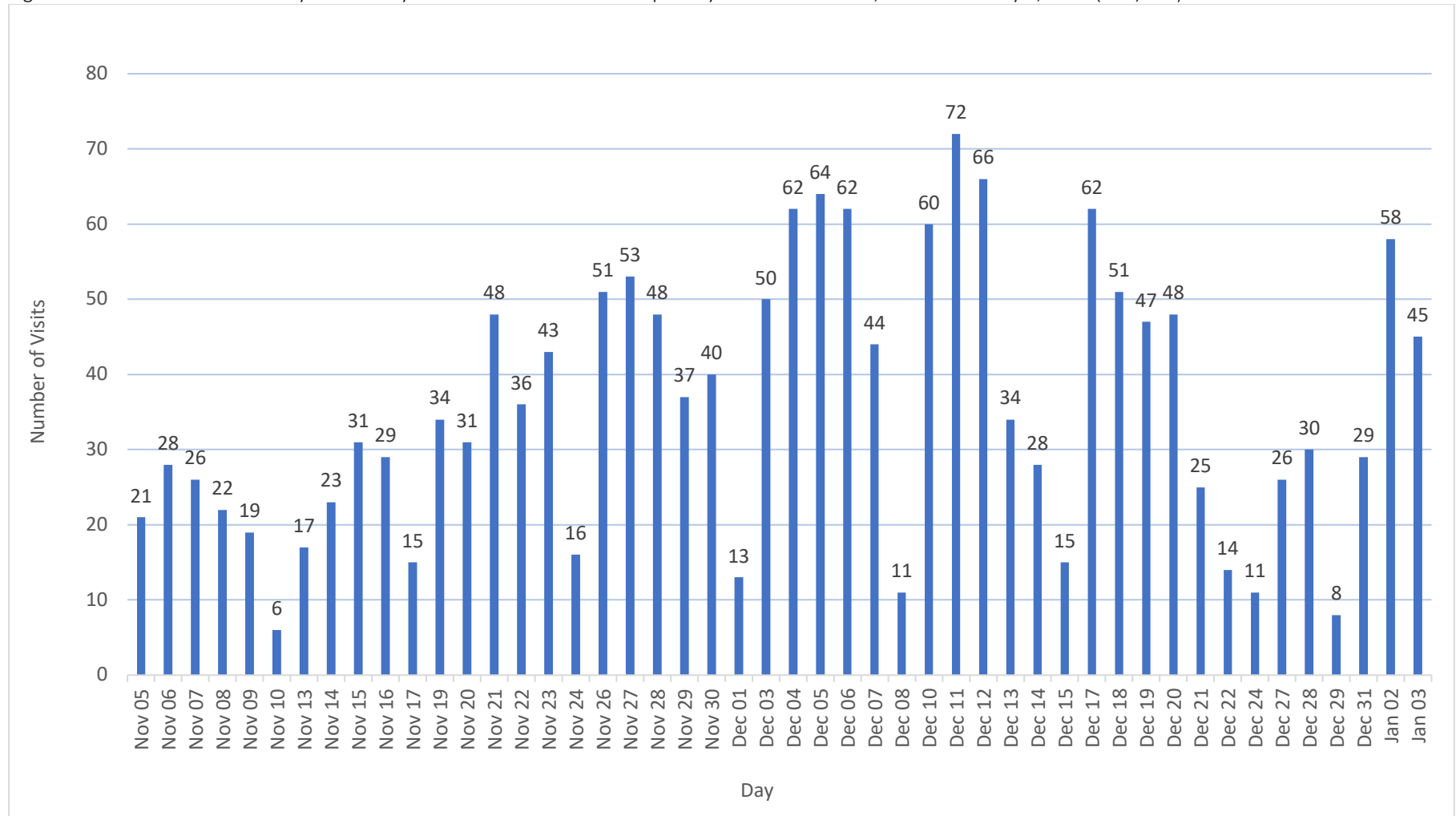
Table 1: Service disruptions at the BMHC SCS from November 5, 2018, 2018 to January 3, 2019

Date SCS was closed	Time closed	Reason for closure
December 13, 2018	08:30 h – 12:30 h	Staff function
January 15, 2019	15:30 h -16:30 h	Staff training

## 2.2 Number of visits per day to the BMHC SCS from November 5, 2018 to January 3, 2019

Community members made 1,709 visits to the BMHC SCS from November 5, 2018 to January 3, 2019. The average number of visits per day was 36. The minimum number of visits was 6 and the maximum number of visits per day was 72. The number of visits per day is displayed in Figure 1.

Figure 1: Number of visits made by community members to the BMHC SCS per day from November 5, 2018 to January 3, 2019 (n=1,709)

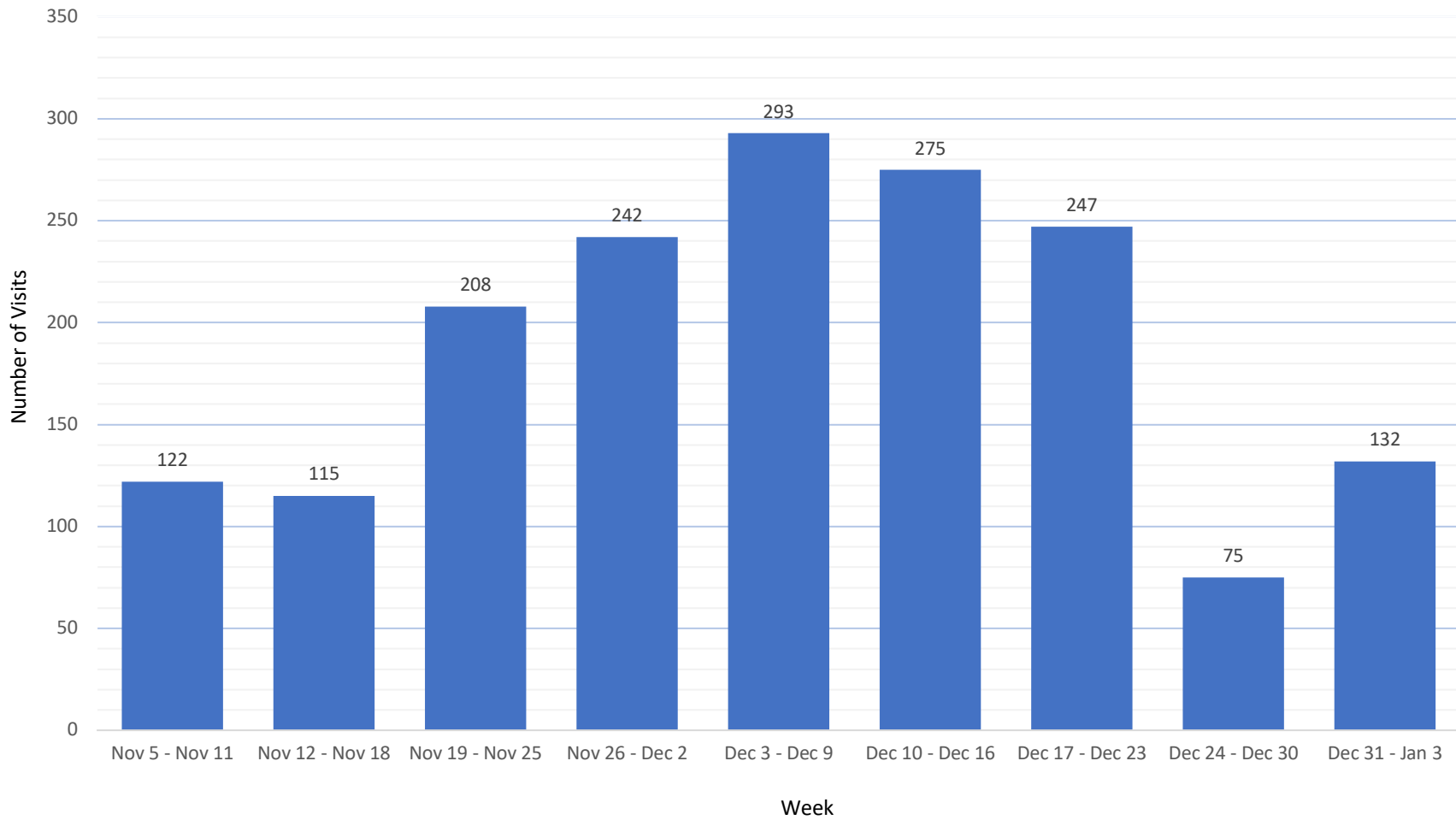


NB: The dates where the BMHC SCS was partially closed have been included.

### 2.3 Number of visits per week to the BMHC SCS from November 5, 2018 to January 3, 2019

The reporting period was divided into weekly increments. The average number of visits per week was 190 with a minimum of 75 and a maximum of 293. The number of visits per week is displayed in Figure 2.

Figure 2: Number of visits made by community members to the BMHC SCS per week from November 5, 2018 to January 3, 2019 (n = 1,709)



NB: The dates where the BMHC SCS was partially closed have been included.



## 2.4 Number of visits per month to the BMHC SCS from November 5, 2018 to January 3, 2019

The reporting period was divided into monthly increments. The average number of visits to the BMHC SCS per monthly increment was 855 with a minimum of 799 and a maximum of 910. The number of visits per month is displayed in Table 2.

Table 2: Number of visits made by community members to the BMHC SCS per month from November 5, 2018 to January 3, 2019 (n=1,709)

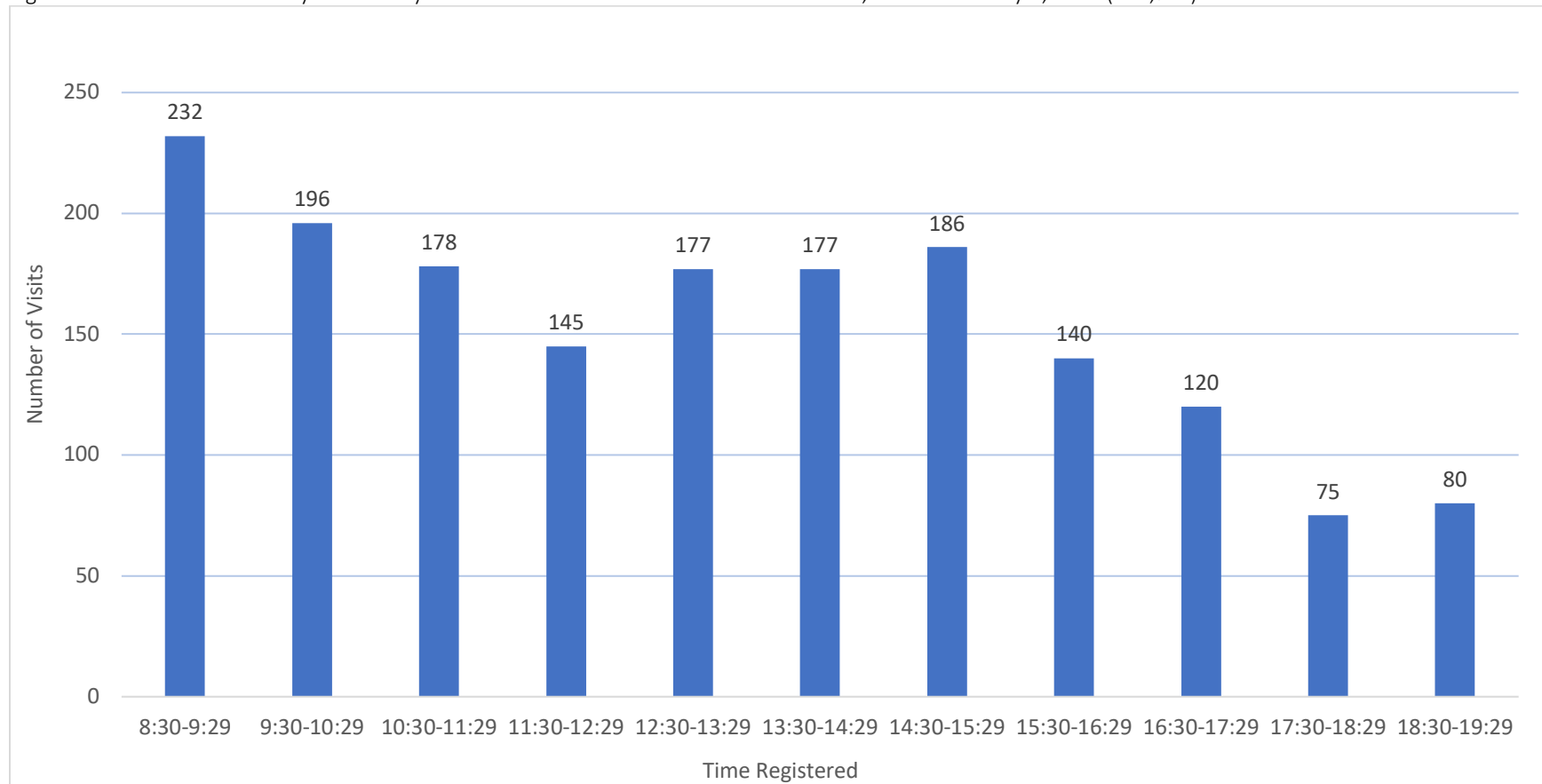
Month	Number of visits
November 5, 2018 to December 4, 2018	799
December 5, 2018 to January 3, 2019	910

NB: The dates where the BMHC SCS was partially closed have been included.

## 2.5 Time of visits to the BMHC SCS from November 5, 2018 to January 3, 2019

The BMHC SCS functions on the same hours as the BMHC’s clinic and the hours do not change throughout the year. From November 5, 2018 to January 3, 2019 the BMHC SCS was open Monday through Thursday 8:30 h to 19:00 h, Fridays 08:30 h to 15:30 h, and Saturdays 9:00 h to 12:00 h. The BMHC is closed on Sundays. The time of visits are displayed below in Figure 3.

Figure 3: Time of visits made by community members to the BMHC SCS from November 5, 2018 to January 3, 2019 (n=1,709)

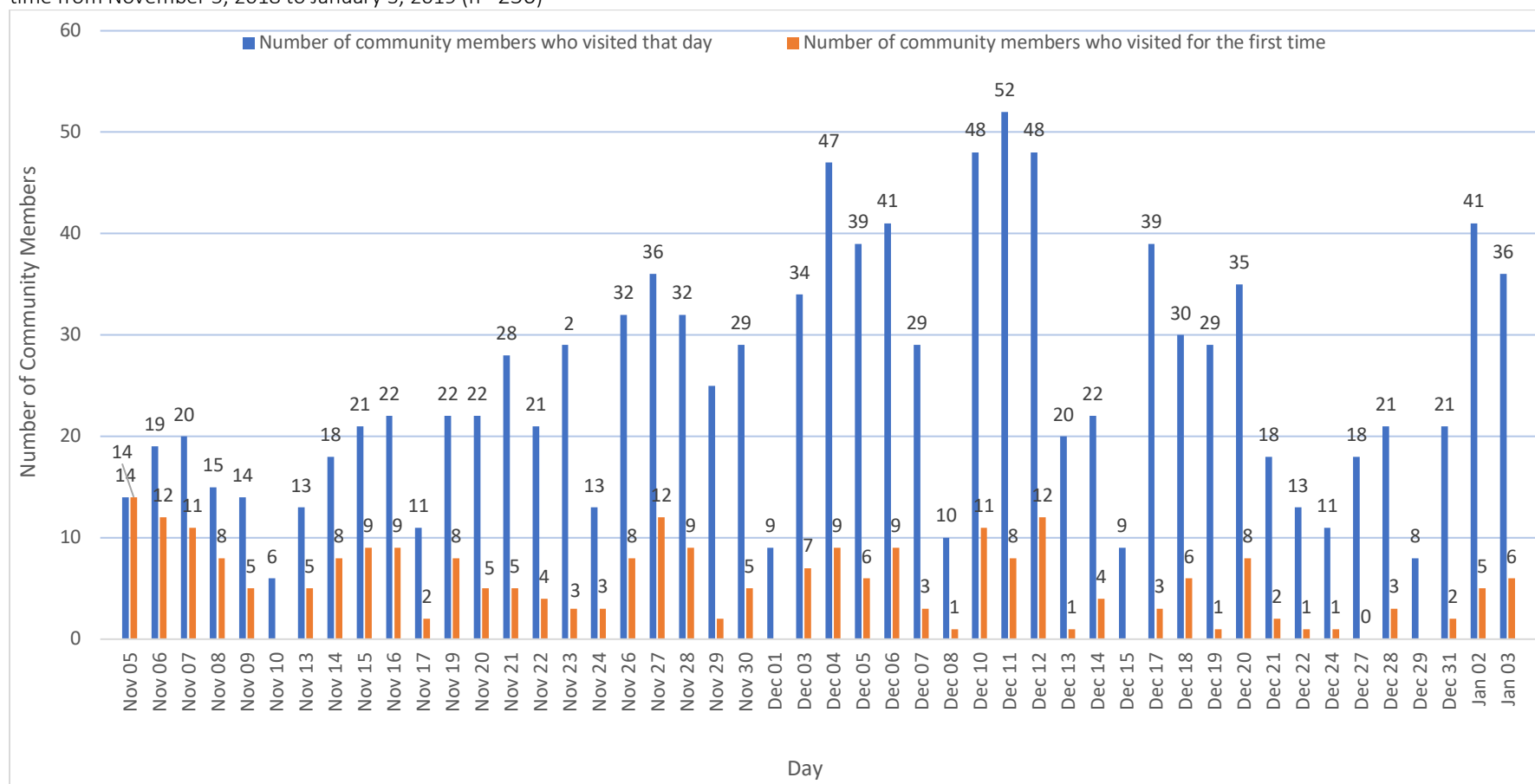


NB: The dates where the BMHC SCS was partially closed have been included. The BMHC SCS typically stops accepting community members during the last hour. Three visits were excluded because the time of visits were unknown.

## 2.6 Number of unique community members that visited the BMHC SCS per day from November 5, 2018 to January 3, 2019

A total number of 256 unique community members visited the BMHC SCS from November 5, 2018 to January 3, 2019. The average number of unique community members who visited the BMHC SCS per day was 25, with a minimum number of 6 unique community members and a maximum number of 52. The number of unique community members who visited the BMHC SCS per day and the number of unique community members who visited the BMHC SCS for the first time are displayed in Figure 4.

Figure 4: Number of unique community members who visited the BMHC SCS per day and number of unique community members who visited the BMHC SCS for the first time from November 5, 2018 to January 3, 2019 (n= 256)

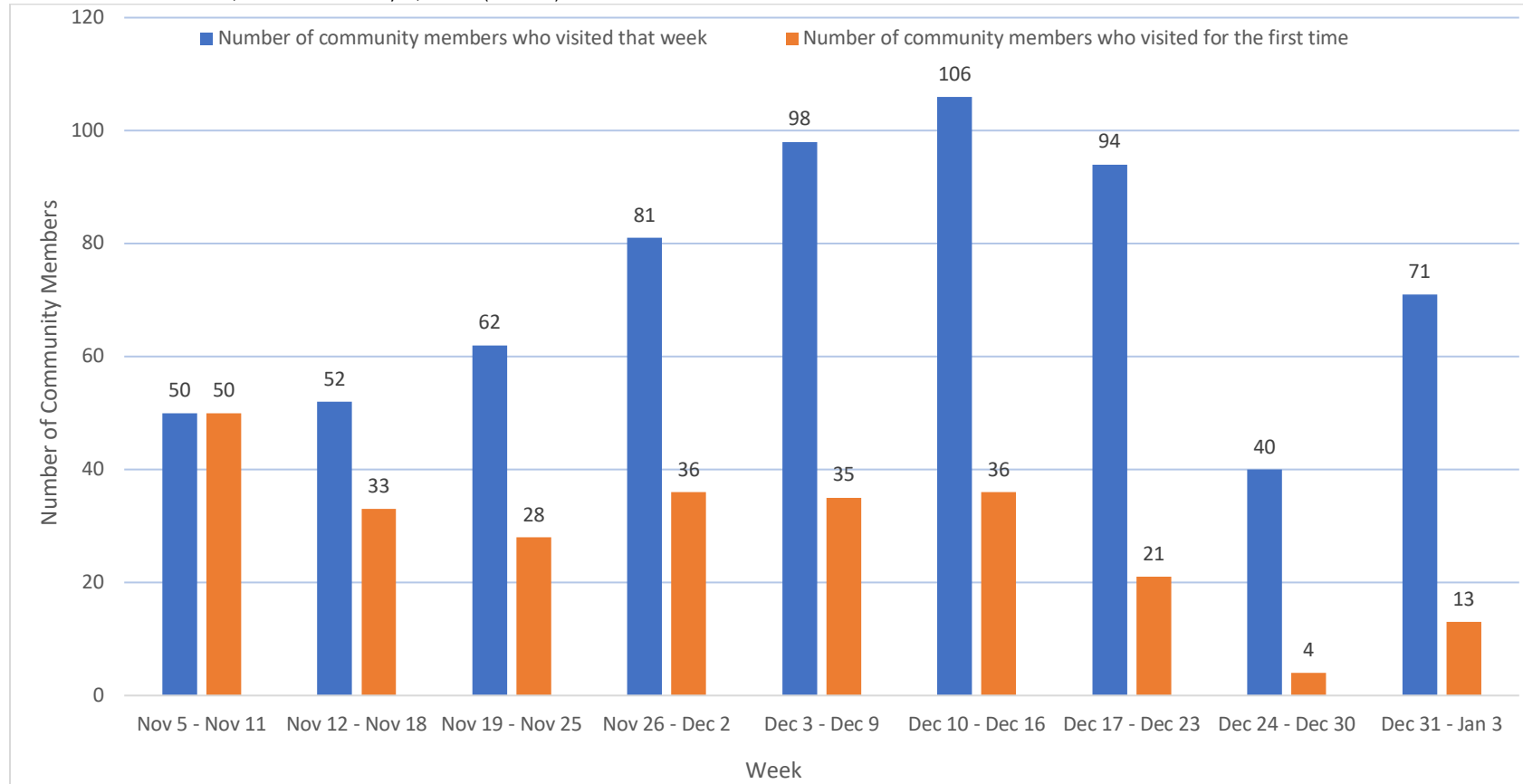


NB: The dates where the BMHC SCS was partially closed have been included.

## 2.7 Number of unique community members that visited the BMHC SCS per week from November 5, 2018 to January 3, 2019

The reporting period was divided into week-long increments. The average number of unique community members who visited the BMHC SCS per week was 73, with a minimum number of 40 unique community members and a maximum number of 106. The number of unique community members who visited the BMHC SCS per week and the number of unique community members who visited the BMHC SCS for the first time are displayed in Figure 5.

Figure 5: Number of unique community members who visited the BMHC SCS per week and number of unique community members who visited the BMHC SCS for the first time from November 5, 2018 to January 3, 2019 (n=256)



NB: The dates where the BMHC SCS was partially closed have been included.

## 2.8 Number of unique community members that visited the BMHC SCS per month from November 5, 2018 to January 3, 2019

The reporting period was divided into month-long increments. The average number of community members who visited the BMHC SCS per month was 176 with a minimum of 163 and a maximum of 188. The number of unique community members who visited the BMHC SCS per month and the number of unique community members who visited the BMHC SCS for the first time are displayed in Table 3.

Table 3: Number of unique community members who visited the BMHC SCS per month and number of unique community members who visited the BMHC SCS for the first time from November 5, 2018 to January 3, 2019 (n=256)

Monthly increment	Number of community members who visited that month	Number of community members who visited for the first time
November 5, 2018 to December 4, 2018	163	163
December 5, 2018 to January 3, 2019	188	93

NB: The dates where the BMHC SCS was partially closed have been included.

### 3. Demographics of Community Members

#### 3.1 Gender of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019

The observed gender of each community member was recorded at the time of the community member's first visit to the BMHC SCS. For the purposes of this report we provide community members' gender on first visit to the BMHC SCS.

Of the 256 unique community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019, the gender of 253 were recorded. Of these 253 community members, 182 (72%) were male and 71 (28%) were female. The gender of community members is displayed in Table 4.

Table 4: Gender of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019 (n=256)

Gender of Community Members Who Visited the BMHC SCS	Number (Percent) of Community Members Who Visited the BMHC SCS
Male	182 (72%)
Female	71 (28%)

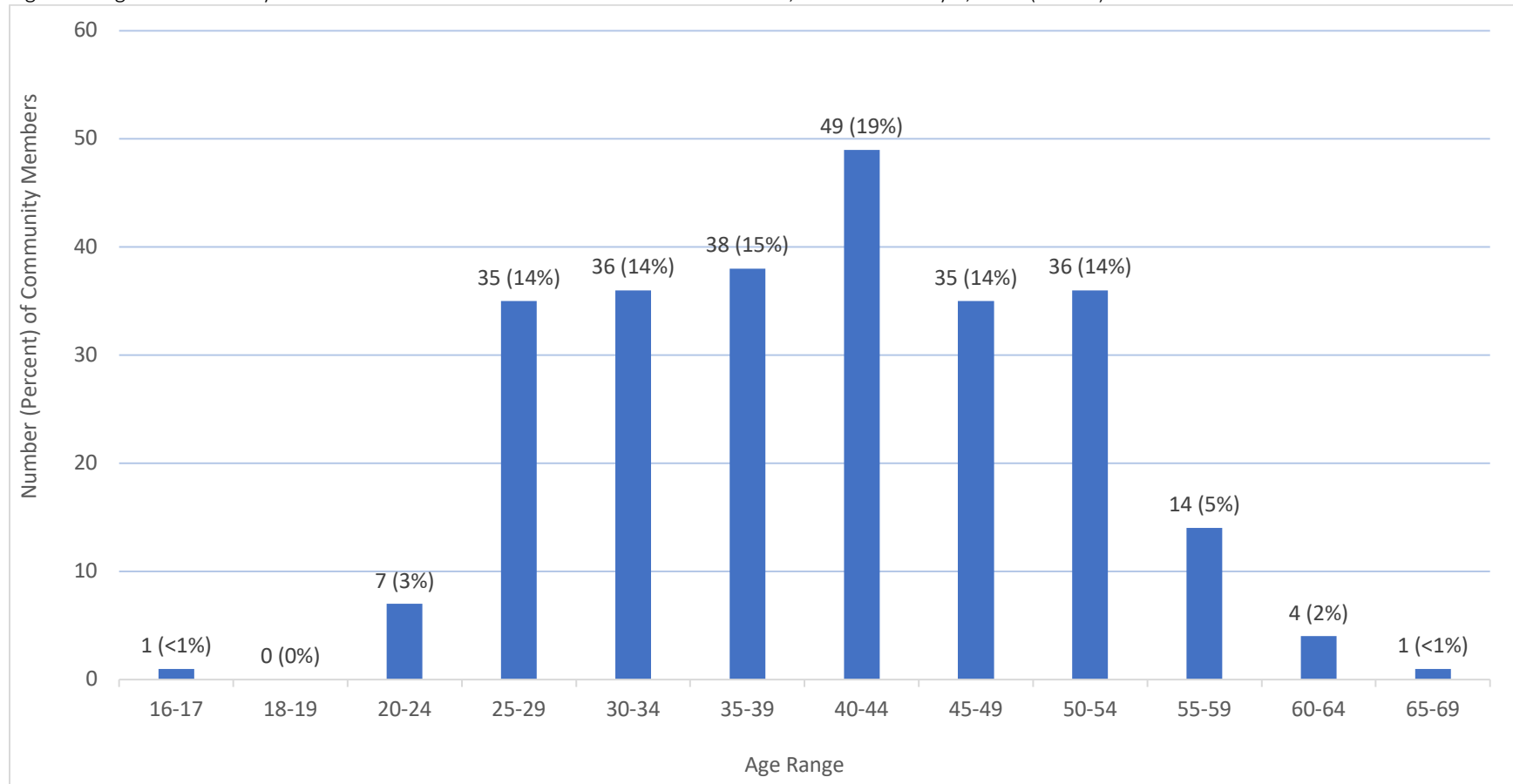
NB: The gender of three community members were unknown and thus excluded.

### 3.2 Age of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019

The birthdate of each community member was recorded at the time of the community member’s first visit to the BMHC SCS. For the purposes of this report we provide community members’ age on first visit to the BMHC SCS.

The 256 community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019, the ages of all 256 community members were recorded. The 256 community members had a mean age of 40 years and an age range of 17 to 65. The age of each community member is displayed in Figure 6.

Figure 6: Age of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019 (n=256)

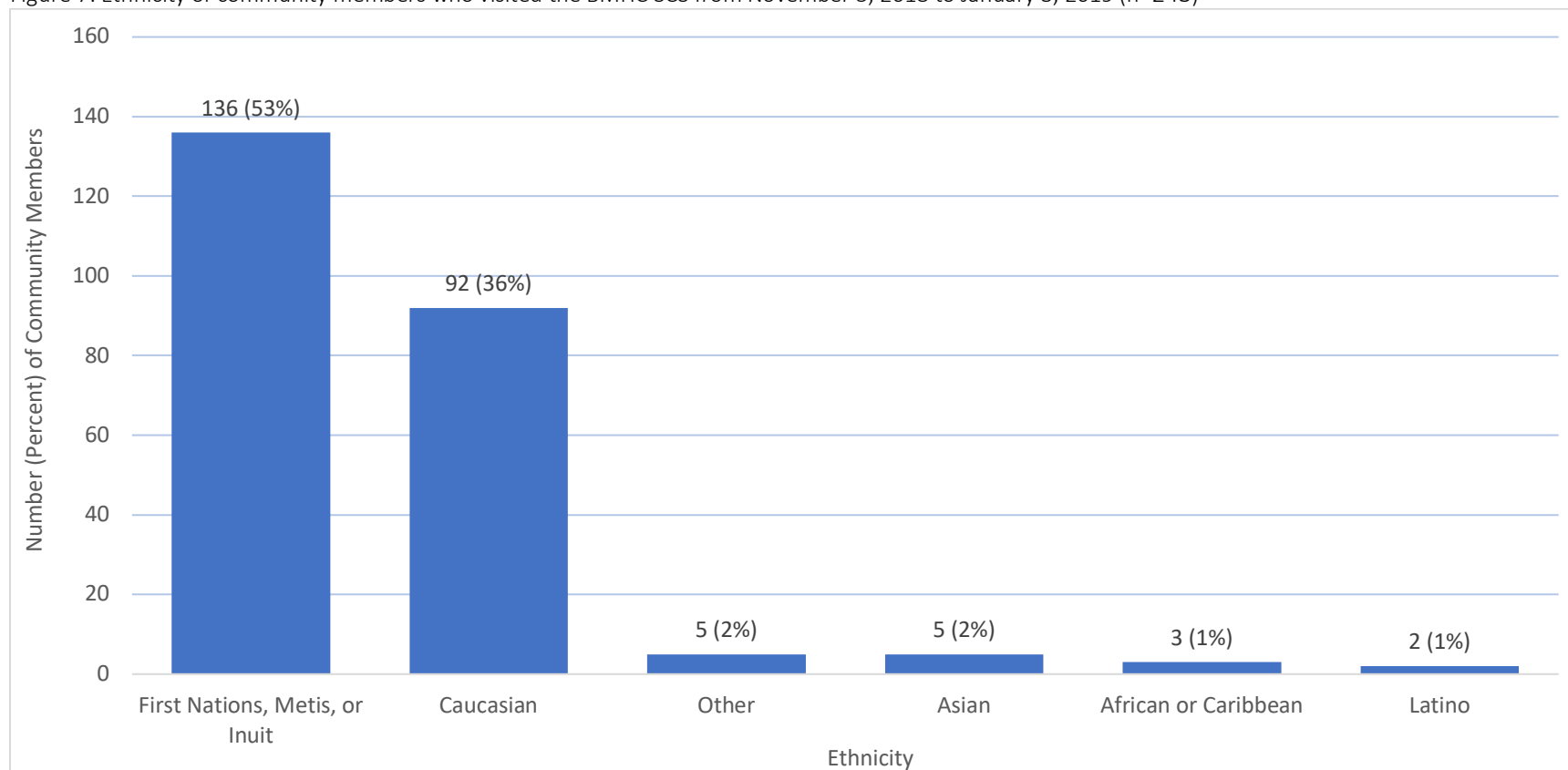


### 3.3 Ethnicity of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019

The observed ethnicity of each community member was recorded at the time of the community member's first visit to the BMHC SCS. For the purposes of this report we provide community members' ethnicity on first visit to the BMHC SCS.

Of the 256 community members that visited the BMHC SCS, the ethnicities of 243 were recorded. Of these 243 community members, 136 (53%) were identified as First Nations, Metis, or Inuit, 92 (36%) as Caucasian, 5 (2%) as Other, 5 (2%) as Asian, 3 (1%) as African or Caribbean, 2 (1%) as Latino, and for 13 (5%) no ethnicity was recorded. The ethnicity of each community member is displayed in Figure 7.

Figure 7: Ethnicity of community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019 (n=243)



NB: The ethnicity of 13 community members were unknown and thus excluded.

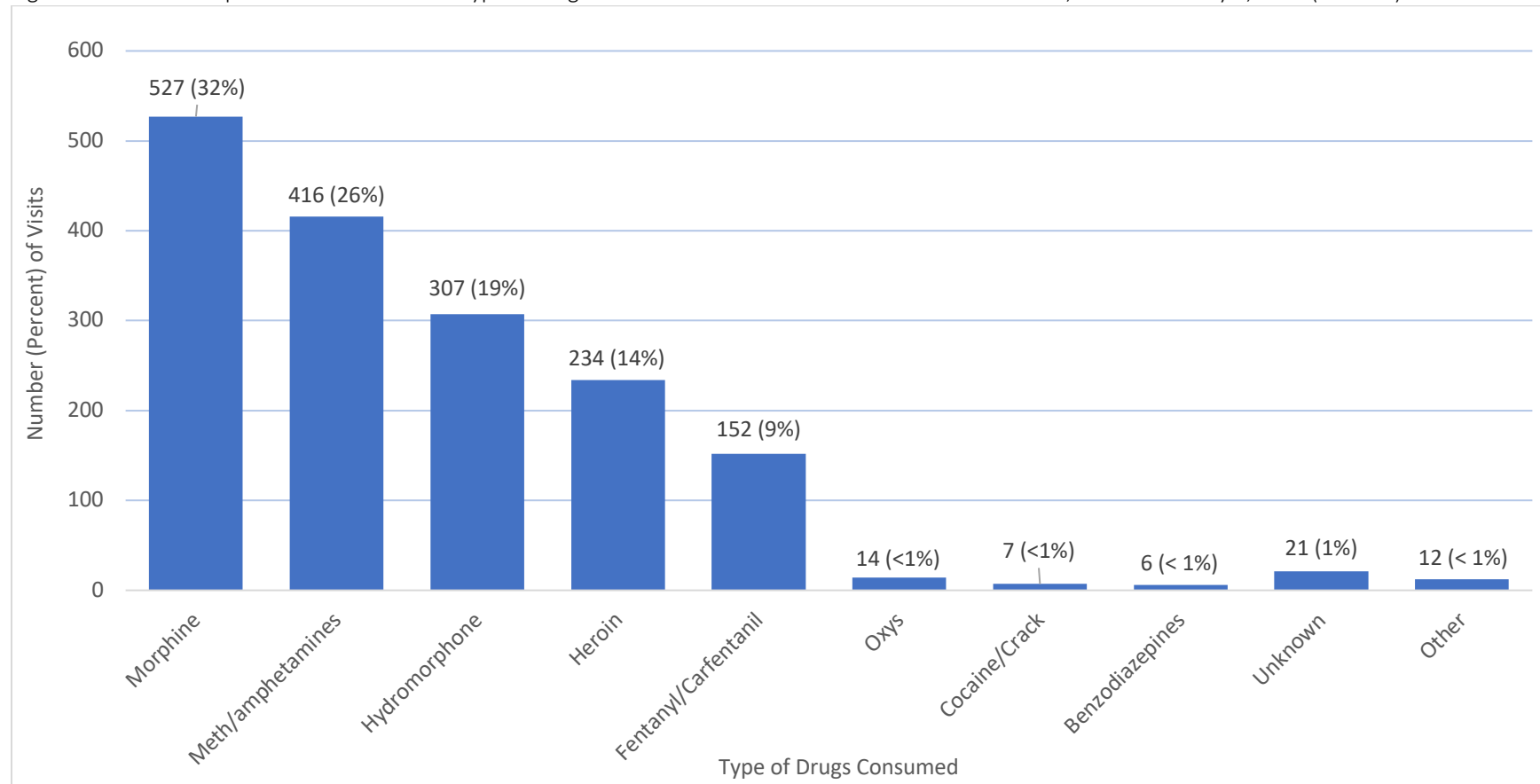


#### 4. Supervised consumption episodes

##### 4.1 Type of drug consumed at the BMHC SCS per visit from November 5, 2018 to January 3, 2019

Community members made a total number of 1,709 visits to the BMHC SCS from November 5, 2018 to January 3, 2019. Community members consumed drugs in a total of 1,622 (95%) of these visits. In 1,212 visits (75%) community members consumed opioids, in 422 visits (26%) community members consumed stimulants. The number and percent of visits where a particular type of drug was self-reported and then consumed are described in Figure 8.

Figure 8: Number and percent of visits where a type of drug was consumed at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=1622)

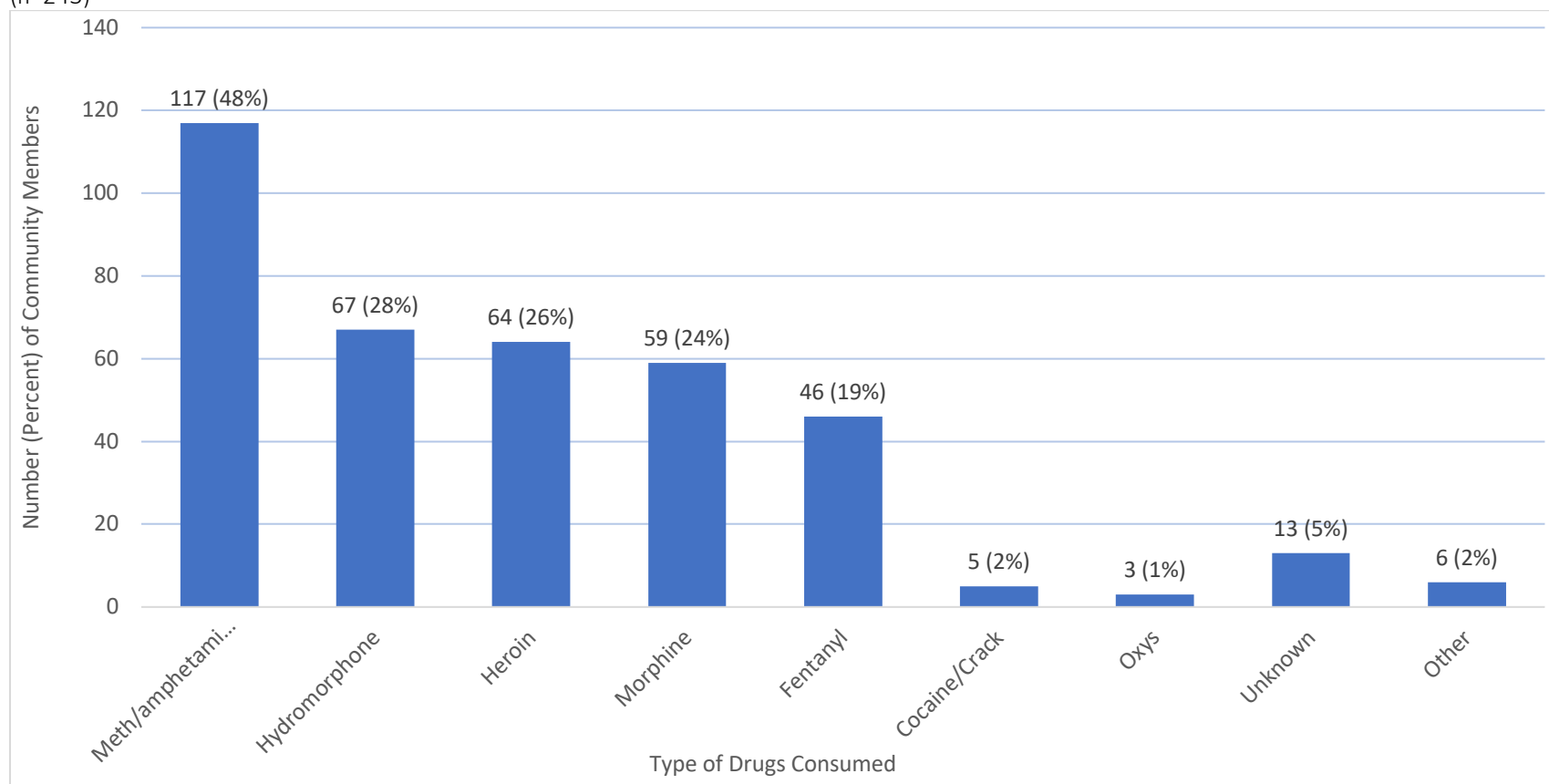


NB: Community members can consume more than one drug in one visit.

#### 4.2 Type of drug consumed at the BMHC SCS per unique community member from November 5, 2018 to January 3, 2019

A total of 256 unique community members visited the BMHC SCS from November 5, 2018 to January 3, 2019. Of these community members, 243 (95%) consumed drugs at least once. Of the 13 community members who visited the BMHC and never consumed drugs, 12 (92%) visited only once. 170 (70%) community members consumed opioids and 118 (49%) community members consumed stimulants at least once. The number and percent of community members who consumed a type of drug during at least one visit at the at the BMHC SCS is displayed in Figure 9.

Figure 9: Number and percent of community members who consumed a type of drug during at least one visit at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=243)



NB: Community members may consume more than one drug in one visit.

### 4.3 Reasons why community members left before consuming drugs from November 5, 2018 to January 3, 2019

From November 5, 2018 to January 3, 2019, community members consumed drugs during 1,622 (95%) of 1,709 visits. During 87 visits, community members presented to the BMHC SCS to use the service, were registered into the computer database system, but did not inject drugs. The frequency and reasons why community members who were registered into the computer database system left before consuming drugs are described in Table 5.

Table 5: Frequency and reasons why community members who registered into the computer database system left before consuming drugs from November 5, 2018 to January 3, 2019 (n=87)

Reason	Frequency
No clear reason given	46
Misplaced drugs or had insufficient drugs at that time to inject	16
Couldn't find a vein	11
Too intoxicated or too sick to inject themselves	6
Wait time was too long	2
Came to access services other than supervised injecting	2
Unaware of the purpose of the service	2
Needed assistance injecting due to physical disability or other inability to inject themselves	2
<b>Total</b>	<b>87</b>

At times, individuals entered into the BMHC SCS to use the service, were not registered into the computer database system, and did not consume drugs. This information was recorded on paper by the BMHC SCS staff starting on November 4, 2018. Between November 4, 2018 and January 3, 2019, individuals visited the BMHC, were not registered into the computer system, and left before consuming drugs 7 times. The frequency and reasons why are described below in Table 6.

Table 6: Frequency and reasons why individuals who did not register into the computer database system left before consuming drugs from May 4, 2018 to January 3, 2019 (n=7)

Reason	Frequency
No reason was provided by the individual	2
Individual needed assistance injecting	1
Individual did not want to answer the questions on the intake	1
Individual was too high or sick to inject themselves	1
Other	2
<b>Total</b>	<b>7</b>

## 5. Services and Referrals Data

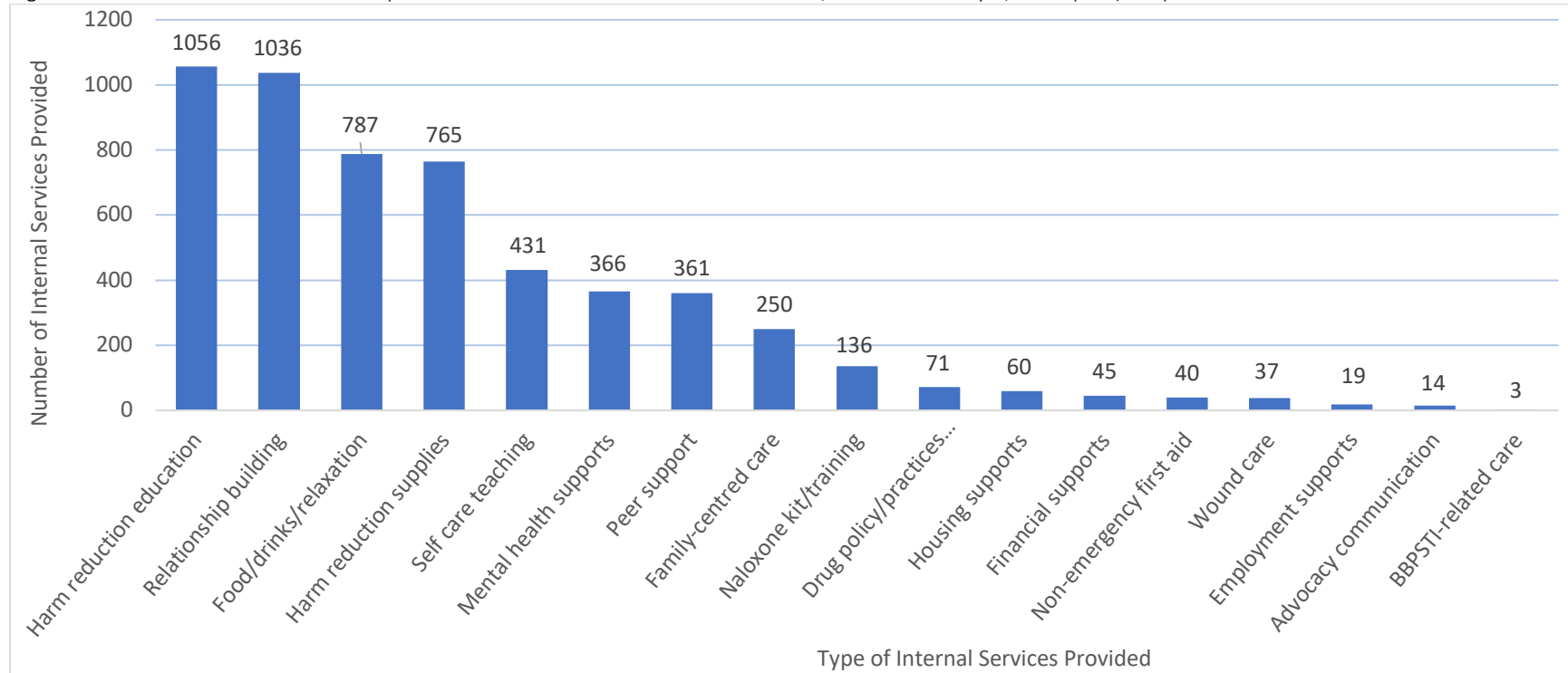
### 5.1 Community Members who Received Services and Referrals

A total of 256 unique community members visited the BMHC SCS from November 5, 2018 to January 3, 2019. Of these community members, 243 (95%) consumed drugs at least once. It was assumed that all 243 community members, even the 13 that did not consume drugs, were eligible to receive an internal service or external referral. External referrals include services provided outside of the physical space of the SCS, by individuals who are not SCS staff. Thus, they include referrals to service providers located elsewhere in the BMHC building or off-site.

### 5.2 Service Data per Visit

Community members made a total number of 1,709 visits to the BMHC SCS from November 5, 2018 to January 3, 2019. During these visits, 5,477 internal services were provided. The number of visits where a particular type of internal service was provided is displayed in Figure 10.

Figure 10: Number of internal services provided at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=5,477)

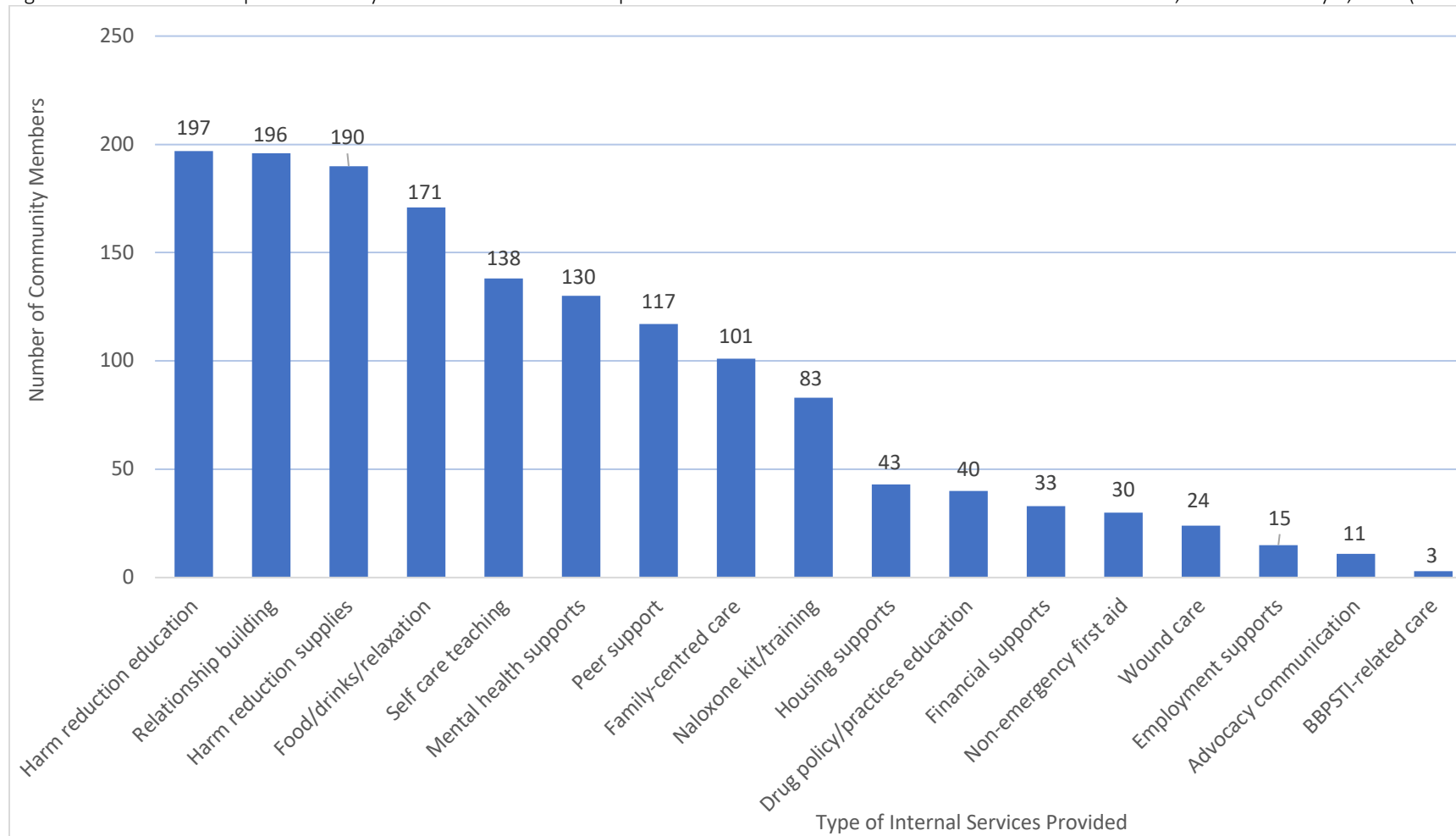


NB: Community members can receive more than one service during one visit at the BMHC SCS.

### 5.3 Service Data per Unique Community Member

Of the 256 community members who visited the BMHC SCS, 230 (90%) were provided at least one internal service. Of the 26 community members who did not receive a service, 23 (88%) visited the BMHC SCS only once. The number of community members who received a particular type of internal service is displayed in Figure 11.

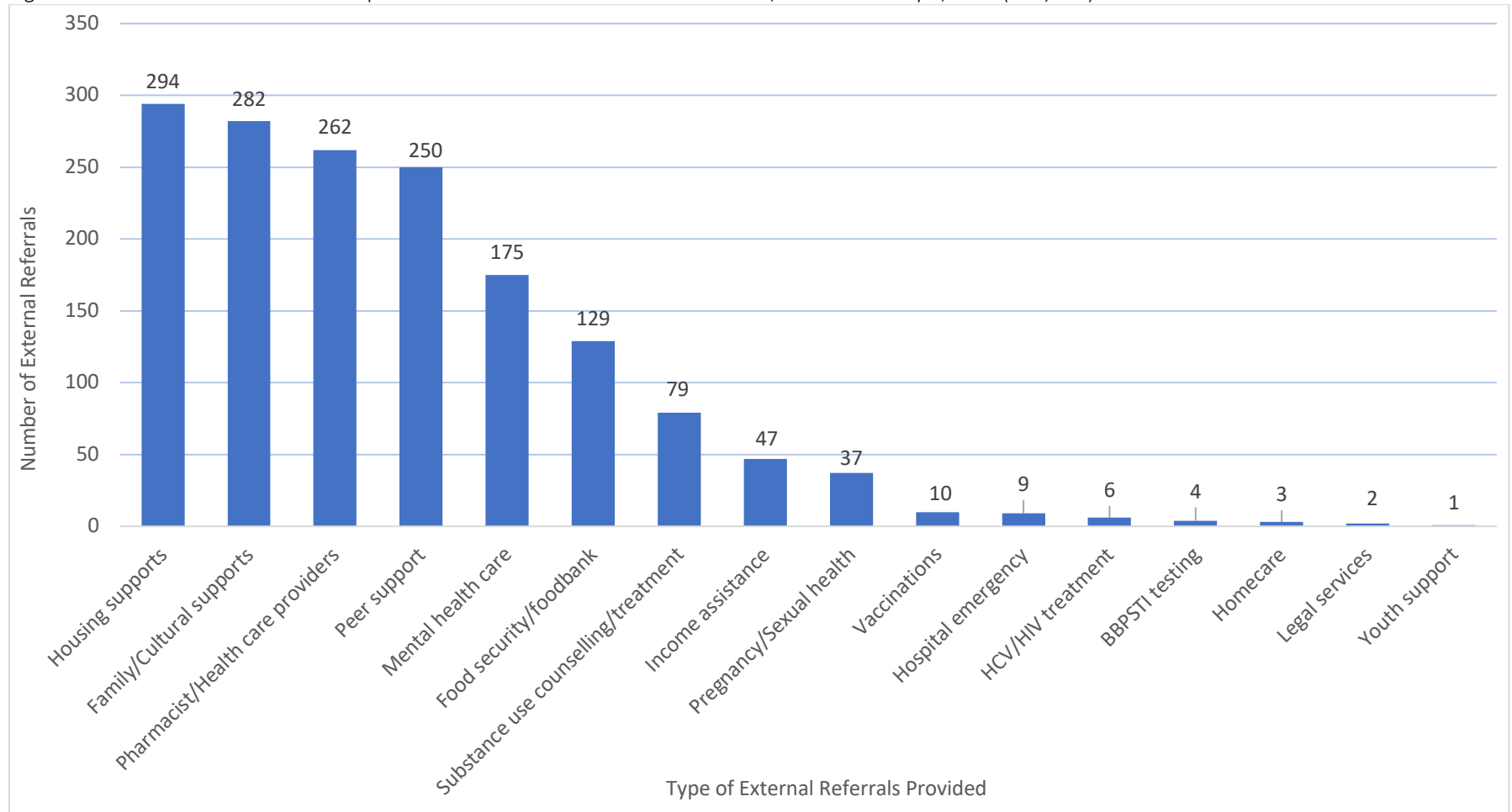
Figure 11: Number of unique community members who received a particular internal service at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=230)



### 5.4 Referral Data per Visit

Community members made a total number of 1,709 visits to the BMHC SCS from November 5, 2018 to January 3, 2019. During these visits, 1,590 external referrals were provided. The number of visits where a particular type of external referral was provided is displayed in Figure 12.

Figure 12: Number of external referrals provided at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=1,590)

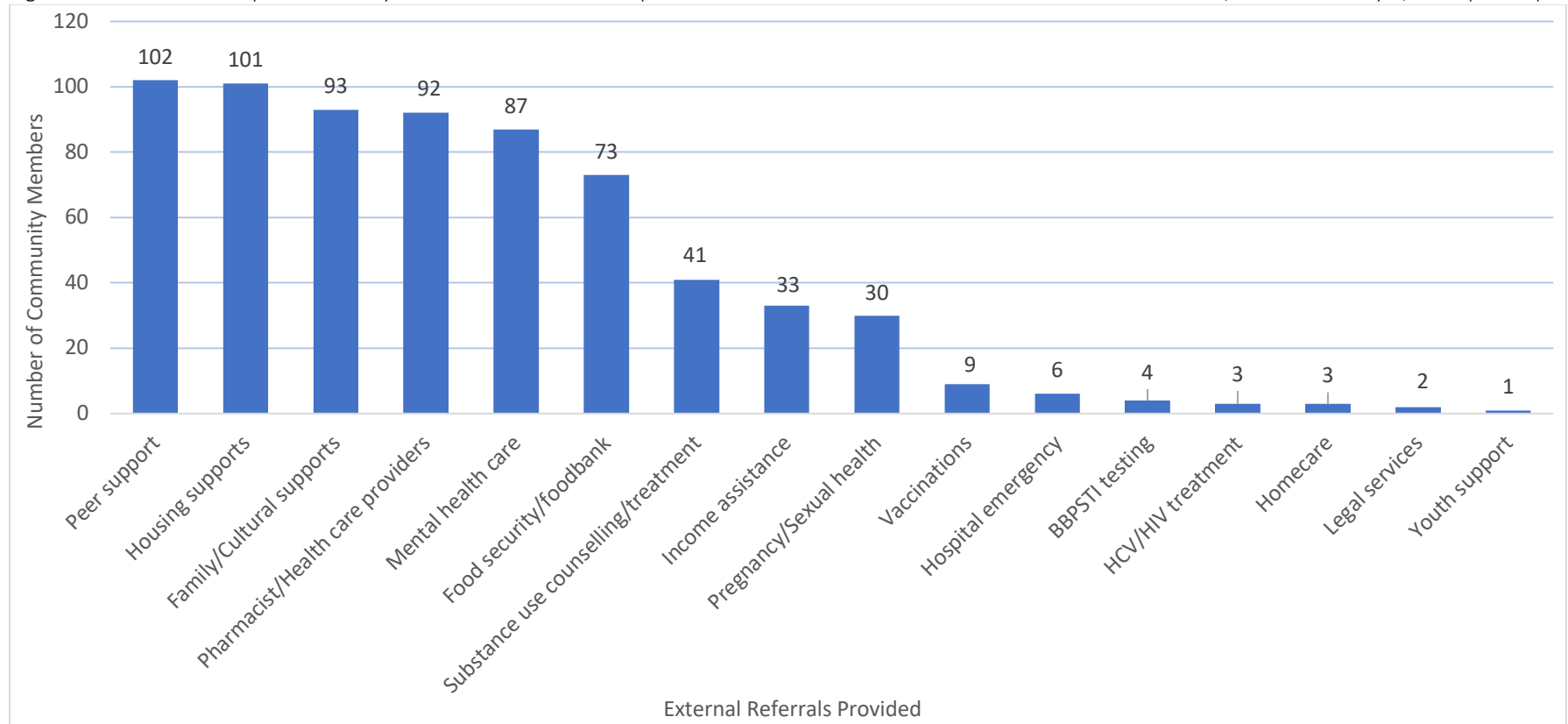


NB: Community members can receive more than one referral during one visit at the BMHC SCS.

### 5.5 Referral Data per Unique Community Member

Of the 256 community members who visited the BMHC SCS, 140 (55%) were provided at least one external referral. Of the 116 who did not receive a referral, 77 (66%) visited the BMHC SCS only once. The number of community members who received a particular type of external referral is displayed in Figure 13.

Figure 13: Number of unique community members who received a particular external referral at the BMHC SCS from November 5, 2018 to January 3, 2019 (n=140)



## 6. Overdoses occurring at the BMHC SCS

From November 5, 2018 to January 3, 2019 a total of 18 overdose events occurred at the BMHC SCS. All overdose events were successfully reversed. The date, self-reported substance consumed, and interventions provided by staff to reverse the 18 overdose events that occurred at the BMHC SCS from November 5, 2018 to January 3, 2019 are described in Table 7.

Table 7: Overdose events managed at the BMHC SCS from November 5, 2018 to January 3, 2019, including self-reported intoxicant and interventions provided (n=18)

Date	Substance (self-reported)	Interventions Provided by Staff at the BMHC SCS
November 8, 2018	Heroin	O2, client monitored on site by SCS staff
November 15, 2018	Heroin	O2, client monitored on site by SCS staff
November 19, 2018	Fentanyl	O2, client monitored on site by SCS staff
November 24, 2018	Heroin	O2, client monitored on site by SCS staff
November 28, 2019	Fentanyl	O2, Naloxone - 0.4 mg, client monitored on site by SCS staff
November 29, 2018	(Overdose occurred prior to client injecting)	O2, client monitored on site by SCS staff
November 29, 2018	Down	O2, Naloxone - 0.4 mg, EMS called, client left AMA
December 3, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 3, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 4, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 4, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 4, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 5, 2018	Heroin	O2, client monitored on site by SCS staff
December 5, 2018	Heroin	O2, client monitored on site by SCS staff
December 10, 2018	Fentanyl	O2, Naloxone – 0.4 mg
December 19, 2018	Fentanyl	O2, client monitored on site by SCS staff
December 27, 2018	Unknown	O2, Naloxone – 0.4 mg, EMS called, client transported to hospital by EMS staff
December 31, 2018	Fentanyl and Meth	O2, client monitored on site by SCS staff

NB: O<sub>2</sub> = oxygen administered.



## 7. Feedback from community members regarding the BMHC SCS

Staff at the BMHC SCS collected both written and verbal feedback from community members who visited the site. Community members had the opportunity to leave anonymous written feedback on pieces of paper that could be placed into a box near the inside entrance of the SCS. Some community members preferred to leave verbal feedback. In these instances, comments were recorded on paper by SCS staff and placed into the same box or emailed to the BMHC SCS program director. Written and verbal feedback provided by community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019 are listed in Table 8.

Table 8: Feedback left by community members who visited the BMHC SCS from November 5, 2018 to January 3, 2019

Client Feedback
BBQ Tinfoil
Assisted injection
Please offer fresh soft fruit and snacks
Pill crusher
Crusher
I am addicted to the staff
Thank you for being here
Deeper cookers
Snacks!
Wheelchair accessible door
The question "where are you injecting is too personal and not good"
Longer weekend hours!
I have noticed a lot less needles in the neighborhood since you opened, good job!
More signs advertising in the neighborhood, I am willing to volunteer to put them up
I believe this place is more better than all the other places, i feel safe and respected
Need better lighting at booths
Sandwich size bags to put my bigger cooker in
Smile, stay positive, know that you are making a positive change!
People respect this place
Find a way to reassure people that no info is shared
I can come here and be myself, without judgement, god bless you guys and the work you do

Music! I like when you have the radio on
This place feels like home
Sometimes I don't catch the signs of what some people want. I want my own place so i can have my own privacy and start a path doing a good job.
Wishing you all the best and more over the holidays and forever and ever
I would like to thank all those who have shown me to be humble and show my gratitude for showing me I need to help others along the way. I have made a positive impact in my community! Love everyone because love conquers all!
Thank you for being here. Everything is different when you choose the right path.
25 gauge tips
Smoking foil
Integrate an iced tea or other equally delectable beverage to the final room of the SCS circuit, this will provide a climax to the experience.
Please add shower curtain or a private section for people to inject into their groin.

## 8. Overdoses in the vicinity

We had intended to provide information on the frequency of overdose incidents in the vicinity of the BMHC SCS. AMSISE has been working with Alberta Health Services' Population Health Surveillance since first receiving the BMHC SCS exemption to access information on ambulance call-outs for overdose in the vicinity of the service. AHS agreed to provide this information and had been working to set parameters for the data retrieval and analysis. However, the provincial EMS data tracking system is currently experiencing a multi-month outage<sup>1</sup> that includes the entire reporting period. As a result, at the time of writing, no information regarding overdoses in the vicinity of the BMHC SCS was available to AHS. As such, EMS data are not included in the present report.

## 9. Public disorder and crime

Edmonton Police Service agreed to complete an analysis of police activity and crime in the vicinity of the BMHC SCS following its opening on November 5, 2018. The goal of the analysis was to examine any changes in police activity and crime that might be attributed to the BMHC SCS.

A report was provided to Dr. Elaine Hyshka, AMSISE member, on January 3, 2019 and is appended to the end of this report<sup>2</sup>. The report was produced by the Edmonton Police Service Intelligence Production Division and its inclusion here is contingent on an agreement that any further distribution requires written approval from the Edmonton Police Service.

Please see the report copied in Appendix A for details on specific methodology. The main conclusions of the EPS report are provided verbatim below:

1. Based on the analysis of both Calls for Service (CAD) and Occurrence Files (EPROS) data within 400 meters of each SCS, there is currently insufficient evidence to suggest that the presence of a SCS has caused an increase in the number of Calls for Service (CFS) or an increase in the number of occurrences.
2. Based on an analysis of both CFS and occurrences at a neighbourhood level, Boyle Street and Downtown neighbourhoods have seen a significant increase in the number of CFS since the Boyle McCauley SCS opened (2018-Nov-05) as compared to previous years; however, this SCS is located in the McCauley neighbourhood and because of the large geographical size of the neighbourhoods, the increase cannot confidently be attributed to the presence of the SCS.
3. Boyle Street and Central MacDougall neighbourhoods have seen a larger increase in the number of occurrences since the opening of Boyle Street and George Spady supervised consumption sites (2018-Mar-23 and 2018-April-23 respectively) compared to the same time frame in previous years. Because of the large geographical size of the

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<sup>1</sup> Email communication to Elaine Hyshka (University of Alberta), AMSISE member, from Adrienne Macdonald, Acting Director – Public Health Surveillance Lead, January 3, 2019. Also, page 23 of the Alberta Government's Quarter 1 Opioids and Substances of Misuse report corroborates this database outage (EMS data for March 2018 were unavailable and not provided in the quarter 1 update): <https://open.alberta.ca/dataset/1cfed7da-2690-42e7-97e9-da175d36f3d5/resource/dcb5da36-7511-4cb9-ba11-1a0f065b4d8c/download/opioids-substances-misuse-report-2018-q1.pdf>.

<sup>2</sup> Email communication to Elaine Hyshka (University of Alberta), AMSISE member, from Shane Perka, Edmonton Police Service, Inspector, Organized Crime Branch on January 3, 2019 (Shane.Perka@edmontonpolice.ca).

neighbourhoods as well as other unknown social, demographic, and operational factors that could be attributed to the increase, the presence of the SCSs cannot be identified as the sole cause of the increase at this time.

## **10. Publicly discarded syringes**

Report. A report was provided to Hannah Brooks, SCS data coordinator, on January 30, 2019 and is appended to the end of this report<sup>3</sup>. The report was produced by the City of Edmonton and its inclusion here is contingent on an agreement that any further distribution requires written approval from the City of Edmonton. Please see the report copied in Appendix B for details on specific methodology and results.

Overall, the report shows that the number of publicly discarded syringes collected was relatively stable (absolute increase of 2) in the 60 days after the opening of the SCS, as compared to the same time period one year prior.

## **11. Ongoing community engagement and mitigation efforts**

### **11.1 BMHC participation on the City of Edmonton Supervised Consumption Services Liaison Committee**

Executive Directors from each of the SCS host agencies (Boyle Street Community Services, George Spady Society, Boyle McCauley Health Centre) have been active participants in the City of Edmonton Supervised Consumption Services Liaison Committee (CLC). The CLC is co-chaired by the City of Edmonton and Alberta Health Services and comprised of various stakeholders including representatives from EPS, the SCS operators, other non-profits, business associations and community leagues surrounding each SCS. The purpose of the CLC is to provide a venue for members to share information regarding the SCS sites and discuss their benefits and impacts on the local communities.

At all meetings, Executive Directors from each of the SCS host agencies have updated the committee on the development or operation of the sites and addressed concerns and questions from the committee participants. This committee meets quarterly and the dates of the meetings were March 5, 2018; June 4, 2018; September 10, 2018; and December 3, 2018. The next meeting will be on March 4, 2019.

### **11.2 Key messages from the City of Edmonton Supervised Consumption Services Liaison Committee meetings**

#### March 5, 2018

The first meeting of this committee was held on March 5, 2018. Members reviewed the Terms of Reference and Guiding Principles. The following key communication messages were identified by Community Liaison Committee members:

1. The committee will provide a common ground for information exchange and learning.
2. Consensus on the importance of rigor regarding information and accuracy of the data that is shared.

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<sup>3</sup> Email communication to Hannah Brooks, data coordinator, from Karen Parker, City of Edmonton, on January 30, 2019 (karen.parker@edmonton.ca).

3. Data information needs to be inclusive and start with a baseline using historical data prior to the locations opening.

#### June 4, 2018

There's initial positive uptake and use of the two locations that are now open. The two locations are Boyle Street Community Services which is open 8:30 a.m. to 4:30 p.m. and George Spady which is open 4:30-8:30 p.m. Monday to Friday. George Spady open 24 hours on Saturday and Sunday.

Over 6,000 safe injections have occurred from over 650 unique individuals inside the safety of the supervised consumption locations as opposed to outside in public spaces.

47 overdoses have been reversed in the supervised consumption locations since Boyle Street opened on March 23, 2018 and George Spady opened on April 23, 2018.

Supervised consumption locations provide an additional opportunity for nurses and staff to build relationships to connect people to wrap around services.

Since the locations opened over 1,239 service referrals have been made with many of these referrals to addictions and mental health programs.

The data is evolving.

Based on individuals accessing the services to date there's a smaller group of regular individuals from the core communities, not people coming from other areas of the city.

#### September 10, 2018

There's been positive uptake and the two sites now open in Edmonton are achieving desired results; 14,997 service visits to date and 180 overdoses reversed.

Boyle Street Community Services continues to offer tours of their Supervised Consumption site. The next tours are September 18th and October 16th 2018 at 5:00 pm. Contact Elliot Tanti at [etanti@boylestreet.org](mailto:etanti@boylestreet.org) to register for a tour.

Institute of Health Economics is conducting a community impact survey and plans to survey residents and businesses within a 500 metre radius of the Supervised consumption service locations. The research team is aiming to have the first surveys administered door to door by late fall.

Administration will work with the Chinese Community liaisons on the Committee on translation of materials and incorporation of information into various media.

Committee members will take an active role in addressing myths and providing facts (as part of their liaison role on the committee). The link below provides further facts on medically supervised consumption services - <https://crismprairies.ca/amsise/>

December 3, 2018

As of November 25, 2018 1,442 unique individuals made 23,269 total visits to all three sites.

7,412 referrals have been made to those using the service. Each referral is the opportunity to connect with the individuals. The cumulative impact of these conversations is significant resulting in planning with individuals, referrals to resources, and making connections to other services.

During the meeting we discussed the need for a common definition and understanding for the terms overdose and overdose reversal. Here is the information provided by Dr. Shobhit Maruti, Medical Officer of Health- Edmonton Zone, Alberta Health Services

Definitions and information of overdose and overdose reversal are important in understanding a harm reduction approach. Link: [https://www.who.int/substance\\_abuse/information-sheet/en/](https://www.who.int/substance_abuse/information-sheet/en/)

An opioid overdose can be identified by a combination of three signs and symptoms referred to as the “opioid overdose triad”. The symptoms are: pinpoint pupils, unconsciousness, respiratory distress that may include shortness of breath, rapid breathing, and bluish skin coloration.

An overdose reversal is the successful management of an overdose restoring a patient to a state of normal cardiorespiratory function.

## **12. Conclusion**

This report has provided a comprehensive overview of available data from the BMHC SCS from November 5, 2018 to January 3, 2019. Questions about the information contained in this report or the BMHC SCS more generally should be directed to: Cecilia Blasetti, [cecilia.blasetti@albertahealthservices.ca](mailto:cecilia.blasetti@albertahealthservices.ca).

## 13. Appendices

### Appendix A

The report was produced by the Edmonton Police Service Intelligence Production Division and its inclusion here is contingent on an agreement that any further distribution requires written approval from the Edmonton Police Service. For further information or requests regarding this report, please contact Shane Perka at [Shane.Perka@edmontonpolice.ca](mailto:Shane.Perka@edmontonpolice.ca).

A scanned copy of the Edmonton Police Service Intelligence Production Division report is included below on pages 32 to 36.



## **Edmonton Supervised Consumption Sites (SCS): A Before and After Look at Crime Trends**

### **R18-433: SCSs and Crime Analysis**

#### **Results Summary**

1. Based on an analysis of both Calls for Service (CAD) and Occurrence Files (EPROS) data within 400 meters of each SCS, there is currently insufficient evidence to suggest that the presence of a SCS has caused an increase in the number of Calls for Service (CFS) or an increase in the number of occurrences.
2. Based on an analysis of both CFS and occurrences at a neighbourhood level, Boyle Street and Downtown neighbourhoods have seen a significant increase in the number of CFS since the Boyle McCauley SCS opened (2018-Nov-05) as compared to previous years; however, this SCS is located in the McCauley neighbourhood and because of the large geographical size of the neighbourhoods, the increase cannot confidently be attributed to the presence of the SCS.
3. Boyle Street and Central MacDougall neighbourhoods have seen a larger increase in the number of occurrences since the opening of Boyle Street and George Spady supervised consumption sites (2018-Mar-23 and 2018-Apr-23 respectively) compared to the same time frame in previous years. Because of the large geographical size of the neighbourhoods as well as other unknown social, demographic, and operational factors that could be attributed to the increase, the presence of the SCSs cannot be identified as the sole cause of the increase at this time.

#### **Data**

CAD Report Run on 2018-Dec-19 and data as of 2018-Dec-18

EPROS Report Run on 2018-Dec-20 and data as of 2018-Dec-19

##### **Filters on the CAD data:**

- Date range: 2015-Dec-23 to 2018-Dec-18
- All event types
- Downtown division
- Neighbourhoods – McCauley, Central MacDougall, Downtown, Boyle Street
- Final disposition is not 'Follow up investigation'

##### **Filters on the EPROS data:**

- Date range: 2015-Dec-23 to 2018-Dec-18
- All occurrence types
- Downtown division
- Neighbourhoods – McCauley, Central MacDougall, Downtown, Boyle Street.

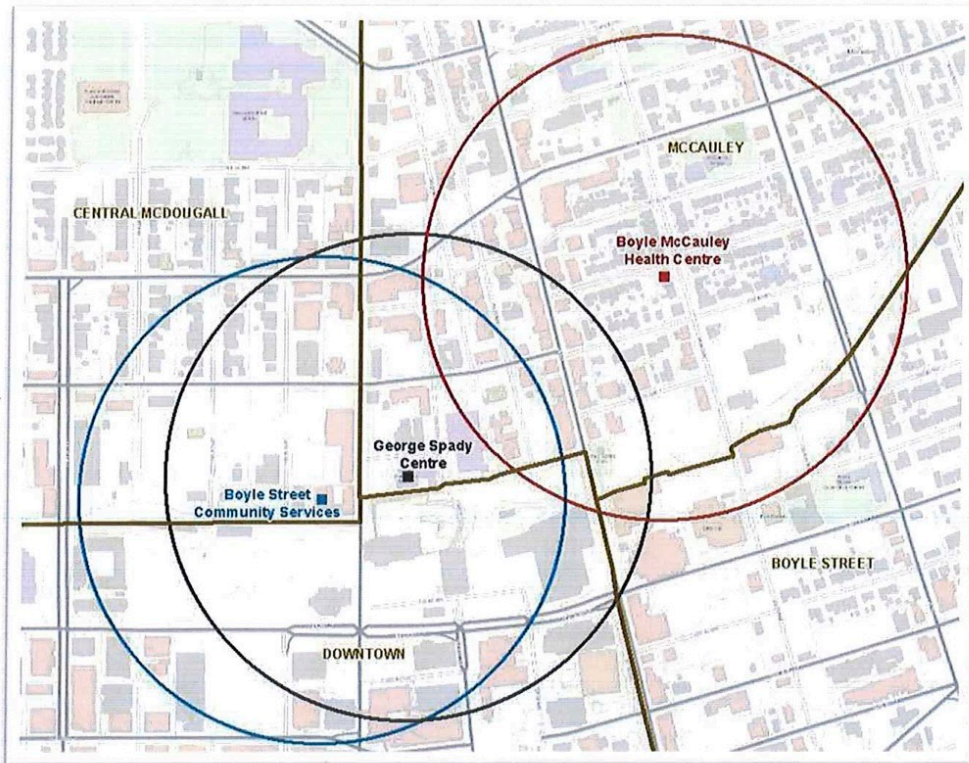
#### **Methodology**

1. Occurrence and CFS counts were calculated by using a 400m radius of the SCS. Because of the close proximity (<150m) of two of the SCSs (George Spady and Boyle Street) and the close opening dates (within four weeks), a combined 400m buffer was calculated.
2. A 400m radius buffer was calculated and used to determine CFS and occurrence counts for the Boyle McCauley SCS. Because the opening date was so late in the year (2018-Nov-05), the counts have been limited to six weeks prior to opening (2018-Sept-23 to 2018-Nov-04) to six weeks after opening (2018-Nov-05 to 2018-Dec-17).



3. Occurrence and CFS data used in obtaining counts within the 400m buffered areas is based on the ability to identify the location of the occurrence on a map (XY). Occurrences and CFS that do not have an XY are not included in the overall count for the buffered areas.
4. Counts for neighbourhoods include those CFS and occurrences that do not have an XY assigned as the data was obtained at the neighbourhood level.

Figure 1 –Locations of the SCSs and the 400m buffer around each of the three sites. The George Spady (black) and Boyle Street Community Services (blue) site buffers were combined into one single buffer.





## Occurrence Data Analysis

### SCS - 400m Radius Analysis

#### *Locations: Boyle Street and George Spady*

Table 1: Variance between the number of occurrences for the 4 month period (Nov 23 – Mar 22) before the SCS was opened compared to the 4 month period (Mar 23 – July 23) after the SCS was opened.

Indicator	Year(s)	Nov 22 - Mar 23	Mar 23 - July 23	Change
Violence	2015/2016	103	98	-5
	2016/2017	111	124	13
	2017/2018	108	130	22
Indicator	Year(s)	Nov 22 - Mar 23	Mar 23 - July 23	Change
Property	2015/2016	48	26	-22
	2016/2017	28	26	-2
	2017/2018	45	42	-3
Indicator	Year(s)	Nov 22 - Mar 23	Mar 23 - July 23	Change
Disorder	2015/2016	168	160	-8
	2016/2017	245	240	-5
	2017/2018	251	223	-28
All Occurrences	Year(s)	Nov 22 - Mar 23	Mar 23 - July 23	Change
	2015/2016	1068	1069	1
	2016/2017	1532	1391	-141
	2017/2018	1435	1397	-38

**What we see:** Violence indicators saw an increase since the SCSs opened which is on trend with the previous year (2016/2017). Property and disorder indicators saw a decline which is on trend with the previous year (2016/2017).

#### *Location: Boyle McCauley*

Table 2: Variance between the number of occurrences for the 6 week period (Sept 23 – Nov 4) before the SCS was opened compared to the 6 week period (Nov 5 – Dec 17) after the SCS was opened.

Indicator	Year(s)	Sept 23 - Nov 4	Nov 5 - Dec 17	Change
Violence	2016	16	26	10
	2017	15	16	1
	2018	22	21	-1
Indicator	Year(s)	Sept 23 - Nov 4	Nov 5 - Dec 17	Change
Property	2016	8	13	5
	2017	9	7	-2
	2018	9	3	-6
Indicator	Year(s)	Sept 23 - Nov 4	Nov 5 - Dec 17	Change
Disorder	2016	44	39	-5
	2017	54	40	-14
	2018	49	31	-18
All Occurrences	Year(s)	Sept 23 - Nov 4	Nov 5 - Dec 17	Change
	2016	283	257	-26
	2017	338	217	-121
	2018	241	213	-28

**What we see:** There has been a decline in the number of occurrences since the SCS was opened, which is on trend with previous years.



### SCS: Neighbourhood Analysis

#### Locations: Boyle Street and George Spady

Table 3: The variance between the total number of occurrences for the 4 month period (Nov 23 – Mar 22) before the SCS was opened compared to the 4 month period (Mar 23 – July 23) after the SCS was opened.

Year(s)	Neighbourhood			
	Boyle Street	Central MacDougall	Downtown	McCauley
2015/2016	449	72	165	297
2016/2017	64	67	-273	284
2017/2018	264	159	-5	295

**What we see:** Boyle Street, Central MacDougall and McCauley neighbourhoods have experienced an increase in the number of occurrences since the SCSs were opened, which is on trend with previous years. Downtown has seen a decrease since the SCSs were opened, which is on trend with previous years.

#### Location: Boyle McCauley

Table 4: The variance between the total number of occurrences for the 6 week period (Sept 23 – Nov 4) before the SCS was opened compared to the 6 week period (Nov 5 – Dec 17) after the SCS was opened.

Year(s)	Neighbourhood			
	Boyle Street	Central MacDougall	Downtown	McCauley
2016	78	21	-139	-56
2017	-92	45	-97	-169
2018	30	-15	97	-17

**What we see:** The variance between these neighbourhoods and time periods does not identify a clear trend; however, both Boyle Street and Downtown neighbourhoods have seen a significant increase in the number of occurrences over the previous year.

### CFS Data Analysis

#### SCS – 400m Radius Analysis

##### Location: Boyle Street and George Spady

Table 5: Number of CFS for the 4 month period (Nov 23 – Mar 22) before the SCS was opened compared to the 4 month period (Mar 23 – July 23) after the SCS was opened.

Year(s)	Nov 22 - Mar 23	Mar 23 - July 23	Change
2015/2016	1708	1759	51
2016/2017	2167	2041	-126
2017/2018	2034	2029	-5

**What we see:** There has been a decrease in calls for service after the SCSs were opened which is on trend with previous years.



**Location: Boyle McCauley**

Table 6: The number of events for the 6 week period (Sept 23 – Nov 4) before the SCS was opened compared to the 6 week period (Nov 5 – Dec 17) after the SCS was opened.

Year(s)	Sept 23 - Nov 4	Nov 5 - Dec 17	Change
2016	436	432	-4
2017	497	373	-124
2018	450	405	-45

**What we see:** There has been a decrease in calls for service after the SCS was opened which is on trend with previous years.

**SCS: Neighbourhood Analysis**

**Location: Boyle Street and George Spady**

Table 7: Variance between the number of events for the 4 month period (Nov 23 – Mar 22) before the SCS was opened compared to the 4 month period (Mar 23 – July 23) after the SCS was opened.

Year(s)	Neighbourhood			
	Boyle Street	Central MacDougall	Downtown	McCauley
2015/2016	802	123	395	680
2016/2017	577	234	104	526
2017/2018	371	515	427	581

**What we see:** There has been an increase in calls for service after the SCSs were opened which is on trend with previous years. Central MacDougall and Downtown have seen a significantly larger increase in 2017/2018 than in the previous two years.

**Location: Boyle McCauley**

Table 8: Variance between the number of events for the 6 week period (Sept 23 – Nov 4) before the SCS was opened compared to the 6 week period (Nov 5 – Dec 17) after the SCS was opened.

Year(s)	Neighbourhood			
	Boyle Street	Central MacDougall	Downtown	McCauley
2016	42	-9	-234	-49
2017	-67	43	-232	-235
2018	106	-73	194	-18

**What we see:** McCauley neighbourhood has seen a decrease in calls for service since the SCS was opened, which is on trend with previous years. Downtown and Boyle Street communities have seen an increase in calls for service since the SCS was opened, which is not on trend with previous years.

## Appendix B (needle data)

The report was produced by the City of Edmonton and its inclusion here is contingent on an agreement that any further distribution requires written approval from the City of Edmonton. For further information or requests regarding this report, please contact Jenny Kain at [jenny.kain@edmonton.ca](mailto:jenny.kain@edmonton.ca).

A scanned copy of the City of Edmonton report is included below on pages 38-39.

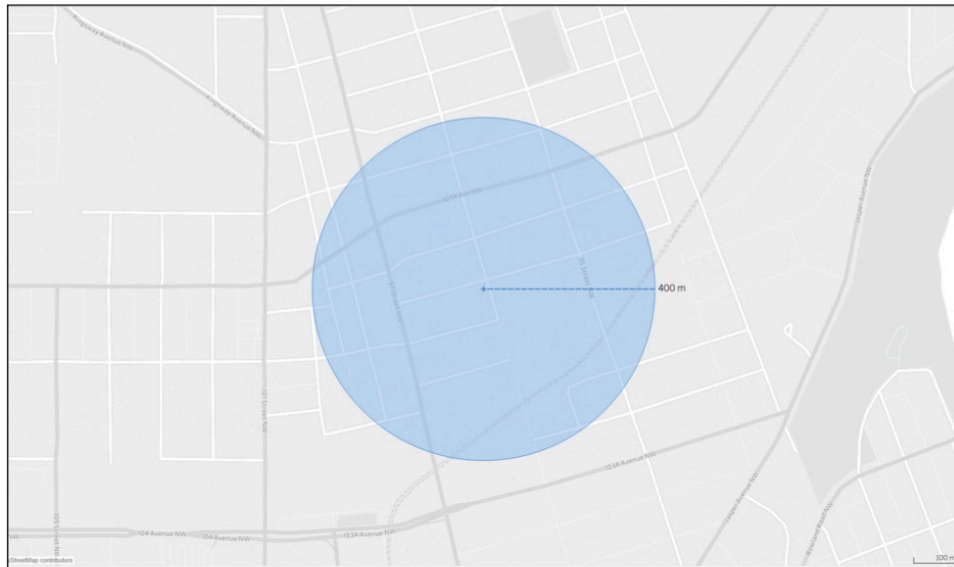
**Supervised Consumption Services (SCS) Report:**

**Boyle McCauley Health Centre**

*Needle collection counts before and after SCS opened*



The data presented below is based on the number of needles collected within a 400 metre radius of Boyle McCauley Health Centre, 10628 96 St, Edmonton, AB T5H 2J2.

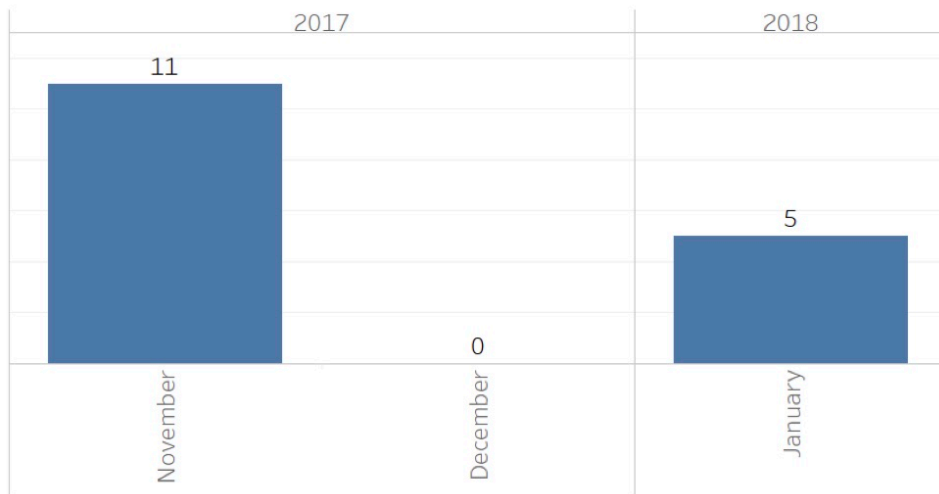


Collection counts were provided by Capital City Cleanup and include all needles collected by the City of Edmonton on public property for the time frames indicated.

Please note this data is not exhaustive. In 2019, the City of Edmonton will be looking to implement one unified needle collection and tracking process for all City departments.

**Nov 5, 2017 to January 3, 2018 (before SCS opened)**

Total number of needles collected: 16



**Nov 5, 2018 to January 3, 2019 (after SCS opened)**

Total number of needles collected: 18

