

Community Impact of the Streetworks Supervised Consumption Service
at Boyle Street Community Services

A report compiled for the
Office of Controlled Substances, Health Canada

Boyle Street Community Services
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Acknowledgments

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List of Abbreviations

AMSISE	Access to Medically Supervised Injection Services in Edmonton
BSCS	Boyle Street Community Services
COE	City of Edmonton
CLC	City of Edmonton Supervised Consumption Services Community Liaison Committee
EMS	Emergency Medical Services
EPS	Edmonton Police Service
GSS	George Spady Society
SCS	Supervised Consumption Services

Glossary

Community member	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 federal exemption letters to Access to Medically Supervised Injection Services Edmonton in 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, improperly 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 Street Community Services supervised consumption services site during the first 60 days of operations, as well as available data from external sources. Additional data will be analyzed and reported 90 days after the respective openings of the supervised consumption services sites at the George Spady Society and the Boyle McCauley Health Centre.

The Boyle Street Community Services supervised consumption services site opened on March 23, 2018 and the 60-day reporting period ended on May 21, 2018. Between March 23 and May 21, 2018, 336 unique individuals (henceforth known as community members) visited the site. Of these 336 community members, 238 (71%) were male, 177 (53%) identified as First Nations, Metis, or Inuit, and 263 (78%) identified as living in downtown or central Edmonton. These community members had a mean age of 40 with an age range of 16 to 68.

Between March 23 and May 21, 2018, community members made a total number of 2,927 visits to the Boyle Street Community Services supervised consumption services site with an average number of 57 visits per day. Community members consumed drugs in 2,809 (96%) of the visits; in 1,957 (70%) consumption episodes, community members reported consuming opioids or opiates and in 802 (29%), they reported consuming crystal methamphetamine or amphetamines. Of the 336 community members who visited the site, 310 (92%) were provided at least one internal service, and 161 (48%) were provided at least one referral to an external service provider. A total of 21 overdose events were successfully reversed.

The City of Edmonton analyzed data on public complaints regarding improperly discarded syringes in the vicinity of the BSCS SCS. They found a small increase in the number of complaints received in the two month period after the BSCS SCS opened as compared to the same time period the year prior, but concluded that it is too early to determine whether the opening of the BSCS SCS was correlated with an increase of calls to the COE regarding publicly discarded syringes.

No members of the public directly contacted the Boyle Street Community Services supervised consumption services site from March 23 to May 21, 2018 to provide feedback regarding its services.

However, feedback related to the site or an occurrence in its vicinity was provided four times through calls to the City of Edmonton's 311 service. No further information was available from the City regarding these four 311 calls at the time of writing.

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, i.e. information on the frequency of overdose incidents in the vicinity of the site from Alberta Health Services as well as information on the frequency of calls for service to the Edmonton Police Service and non-criminal and criminal incidents occurring in the vicinity of the site.

The Executive Director at the Boyle Street Community Services supervised consumption services site has provided regular opportunities for the media and the public to tour the site and learn about the services provided. In addition to these tours, the Executive Director has participated in the City of Edmonton Supervised Consumption Services Liaison Committee.

2. Background

The Edmonton Drug Use and Health Survey conducted in 2014 examined the health service needs of people who use drugs in Edmonton's inner city¹. The study findings indicated high rates of problematic substance use, syringe sharing, public injecting, and overdose incidents amongst community members residing in Edmonton's inner-city. The authors of the study recommended the implementation of medically supervised consumption services (SCS) as one strategy to reduce morbidity and mortality-related to injection drug use. SCS provide people who inject drugs with access to sterile injection supplies, a supervised environment to inject pre-obtained drugs, emergency medical care, and wrap-around health and social supports.

Access to Medically Supervised Injection Services Edmonton (AMSISE) formed in 2012 as a coalition of representatives and organizations that support the establishment of SCS in Edmonton. AMSISE applied for and received exemptions pursuant to s. 56.1 of the *Controlled Drugs and Substance Act* to operate SCS at Boyle Street Community Services (BSCS), George Spady Society (GSS), and Boyle McCauley Health Centre. As per the terms and conditions set out in the letters of exemption (clause 18), AMSISE is required to provide a report to Health Canada 90 days after the opening of the first site and supplement the report with data from the other two sites 90 days after they begin offering services. The focus is to describe the short-term impacts of the SCS on the community. This document was prepared to satisfy this condition.

An intake is completed the first time a community member visits the BSCS SCS and data collection continues on each subsequent visit. This report includes data collected from community members who visited the BSCS SCS from the opening date, March 23, 2018, through to May 21, 2018, the first 60 days of operations, as well as information gathered from BSCS staff and the City of Edmonton (COE) pertaining to public disorder, community feedback, and ongoing engagement efforts.

¹ Hyshka E, Anderson J, Wong Z-W, Wild TC. Risk behaviours and service needs of marginalized people who use drugs in Edmonton's inner city: Results from the Edmonton Drug Use and Health Survey. School of Public Health, University of Alberta. 7 Jan 2016. Available from: <https://crismprairies.ca/wp-content/uploads/2017/02/Edmonton-Drug-Use-and-Health-Survey-Dr.-Elaine-Hyshka-January-2016.pdf>.

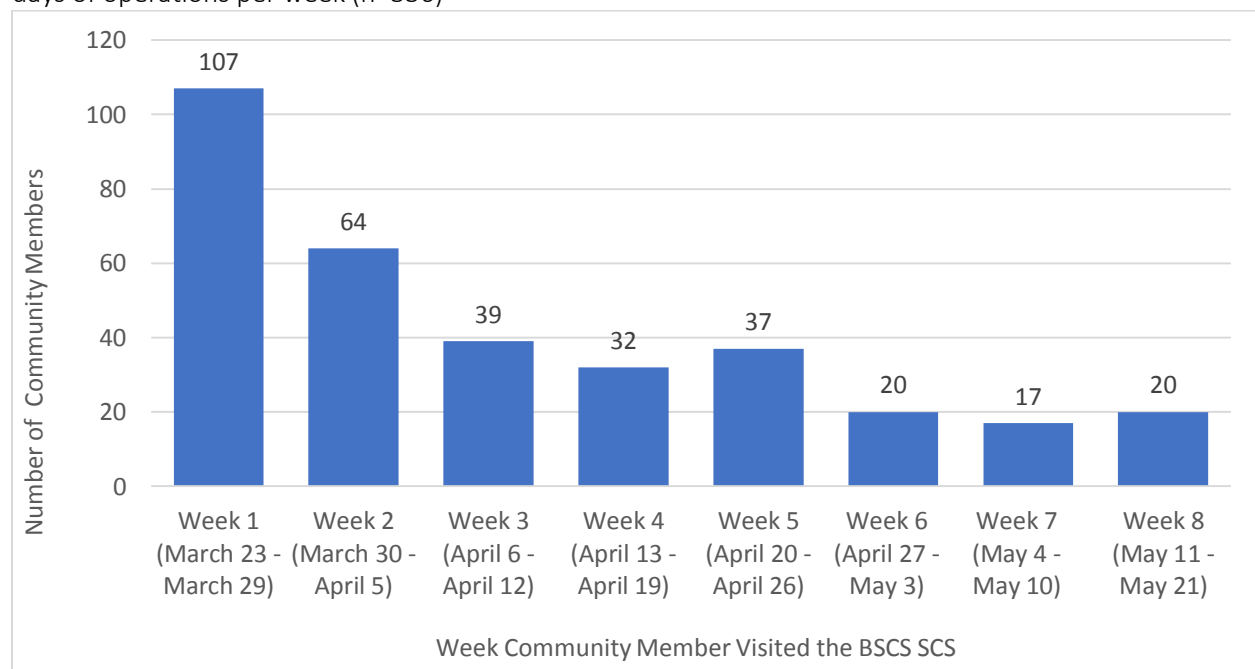
3. Community member data

3.1 Number of community members who visited the BSCS SCS during the first 60 days of operations

There were 336 unique community members who visited the BSCS SCS between its opening on March 23 and May 21, 2018 (the first 60 days of operations). Of these 336 community members, 299 (89%) reported that were staying in Edmonton at the time of their first visit, 14 (4%) reported they were staying out of town, and 23 (7%) did not provide an answer. The majority (67%; n=224) visited the BSCS SCS more than once, with the total number of times for each community member ranging from 1 to 142. The number of unique community members who attended for the first time to the BSCS SCS is displayed by week in Figure 1.

AMSISE also received an exemption pursuant to s. 56.1 of the *Controlled Drugs and Substance Act* to operate an SCS at the George Spady Society (GSS).²

Figure 1: Number of unique community members who made 'first-time' visits to the BSCS SCS during the first 60 days of operations per week (n=336)



NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. Week 1 through Week 5 include seven days of data, Week 6 and Week 7 include five days of data and Week 8 includes six days of data.

² The GSS SCS opened on April 23, 2018 and is located adjacent to the BSCS SCS, although the operating hours are different. From the opening day of April 23 to May 21, 2018, GSS SCS had 225 unique clients. Of these 225 unique clients, 132 (59%) had also visited the BSCS SCS. A full report on the first 60 days of operations of the GSCS SCS will be submitted to Health Canada in July.

3.2 Gender of community members who visited the BSCS SCS during the first 60 days of operations

The observed gender of each community member was recorded upon intake. For the purposes of this report, a community member's gender was assumed to not change during the reporting period.

Of the 336 unique community members who visited the BSCS SCS, 238 (71%) were male, 97 (29%) were female, and for 1 (<1%) no gender was recorded. The gender of community members is displayed in Table 1.

Table 1: Gender of community members who visited the BSCS SCS during the first 60 days of operations (n=336)

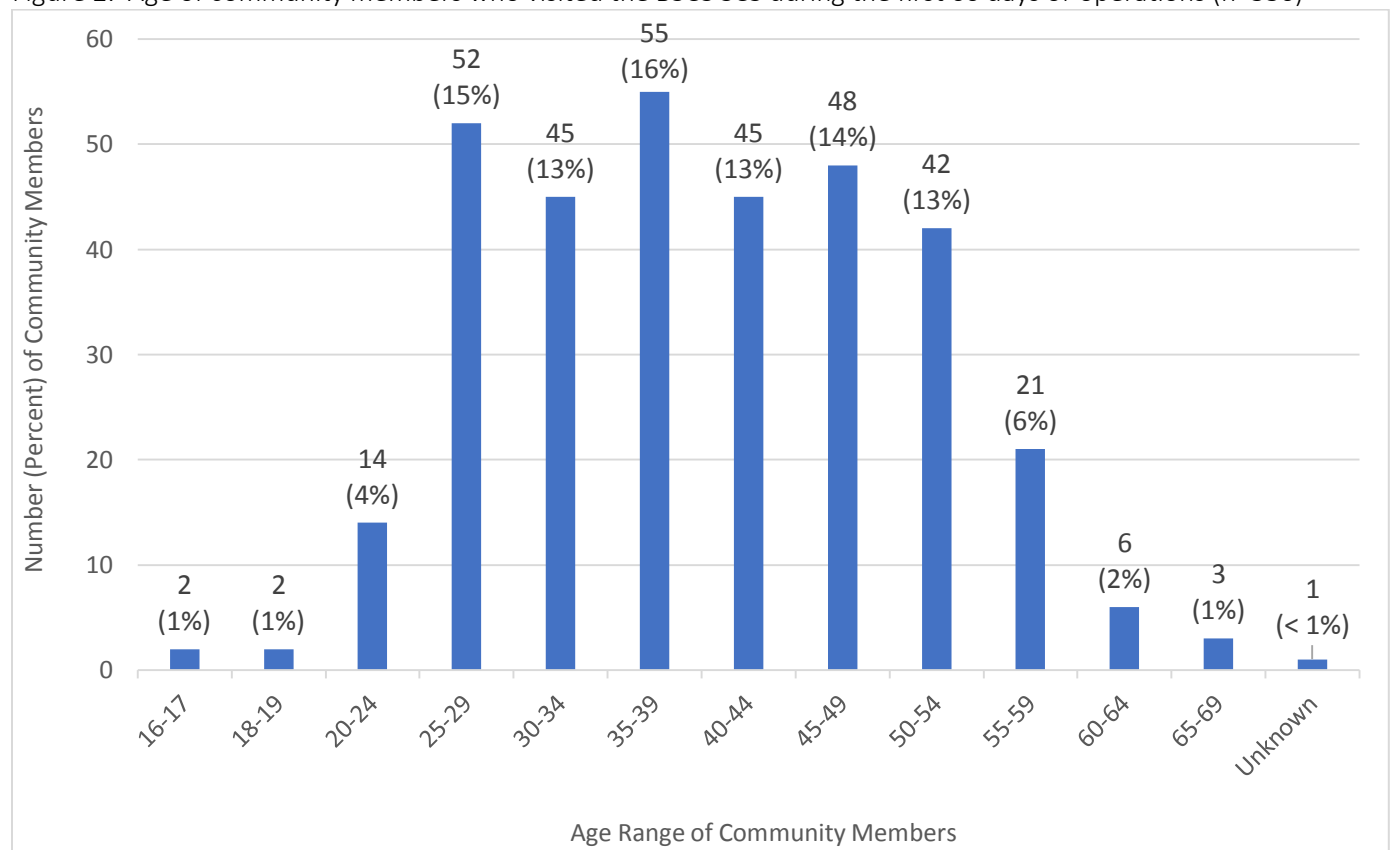
Gender	Frequency	Percent
Male	238	71%
Female	97	29%
Unknown	1	<1%

3.3 Age of community members who visited the BSCS SCS during the first 60 days of operations

The birthdate of each community member was recorded once. For the purposes of this report we provide community members' age on first visit to the SCS.

The 336 community members who visited the BSCS SCS had a mean age of 40 years and an age range of 16 to 68. For one community member (<1%) no age was recorded. The age of each community member is displayed in Figure 2.

Figure 2: Age of community members who visited the BSCS SCS during the first 60 days of operations (n=336)

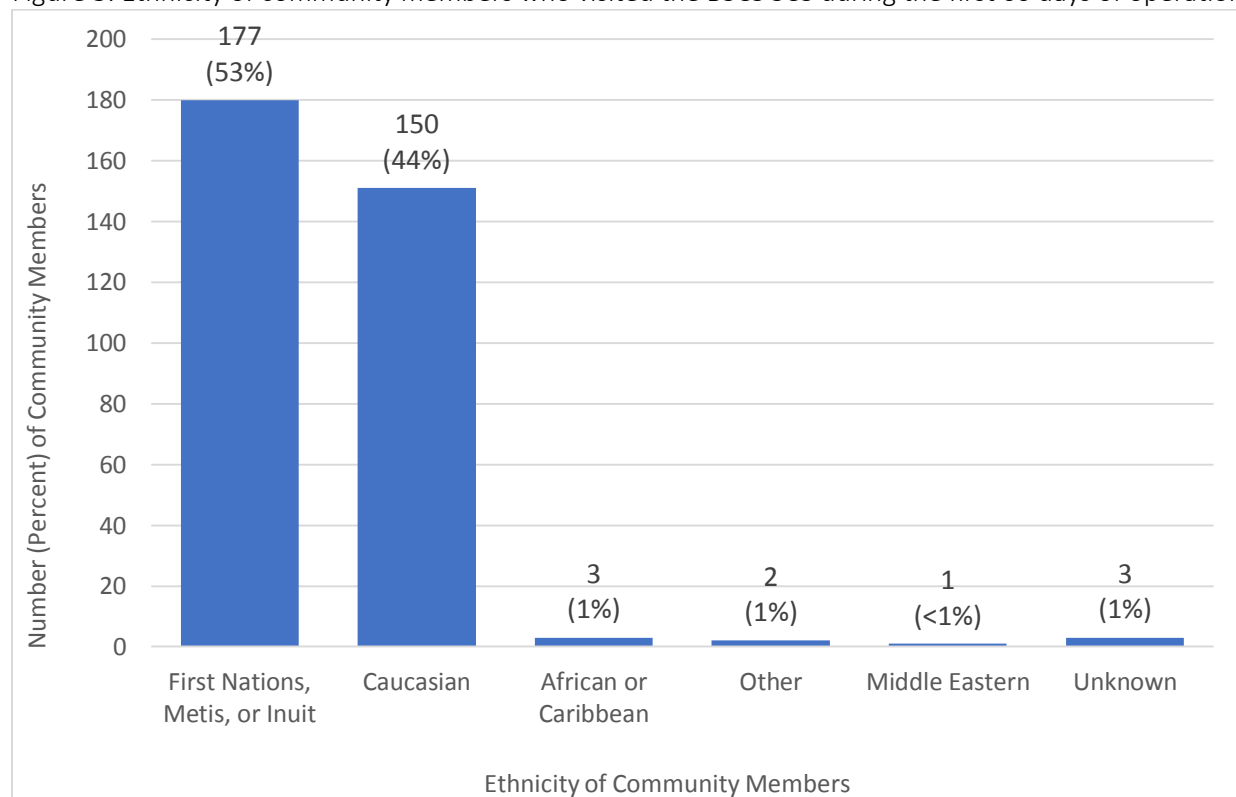


3.4 Ethnicity of community members who visited the BSCS SCS during the first 60 days of operations

The observed ethnicity of each community member was recorded at intake. For the purposes of this report, a community member's ethnicity was assumed to not change.

Of the 336 community members that visited the BSCS SCS, 177 (53%) were identified as First Nations, Metis, or Inuit, 150 (44%) as Caucasian, 3 (1%) as African or Caribbean, 2 (1%) as Other, 1 (<1%) as Middle Eastern, and for 3 (1%) no ethnicity was recorded. The ethnicity of each community member is displayed in Figure 3.

Figure 3: Ethnicity of community members who visited the BSCS SCS during the first 60 days of operations (n=336)



4. Data on visits to the BSCS SCS during the first 60 days of operations

4.1 Hours of BSCS SCS operations

The BSCS SCS is located within the BSCS building and is subject to the service hours of the building. The BSCS functions on two different service hour schedules. From November until April, the BSCS building is open seven days a week and closes in the evening. From May until October, the BSCS building is open Monday through Friday and closes in the afternoon.

The BSCS SCS opened on March 23, 2018. From March 23 to April 27, 2018, the BSCS SCS was open seven days a week from 8:30 h to 20:00 h. From April 28 to May 21, 2018, the BSCS SCS was open Monday through Friday from 8:30 h to 16:00 h. At times the BSCS SCS was closed during usual business hours for internal or other reasons. The dates, times, and reasons for closure are displayed in Table 2.

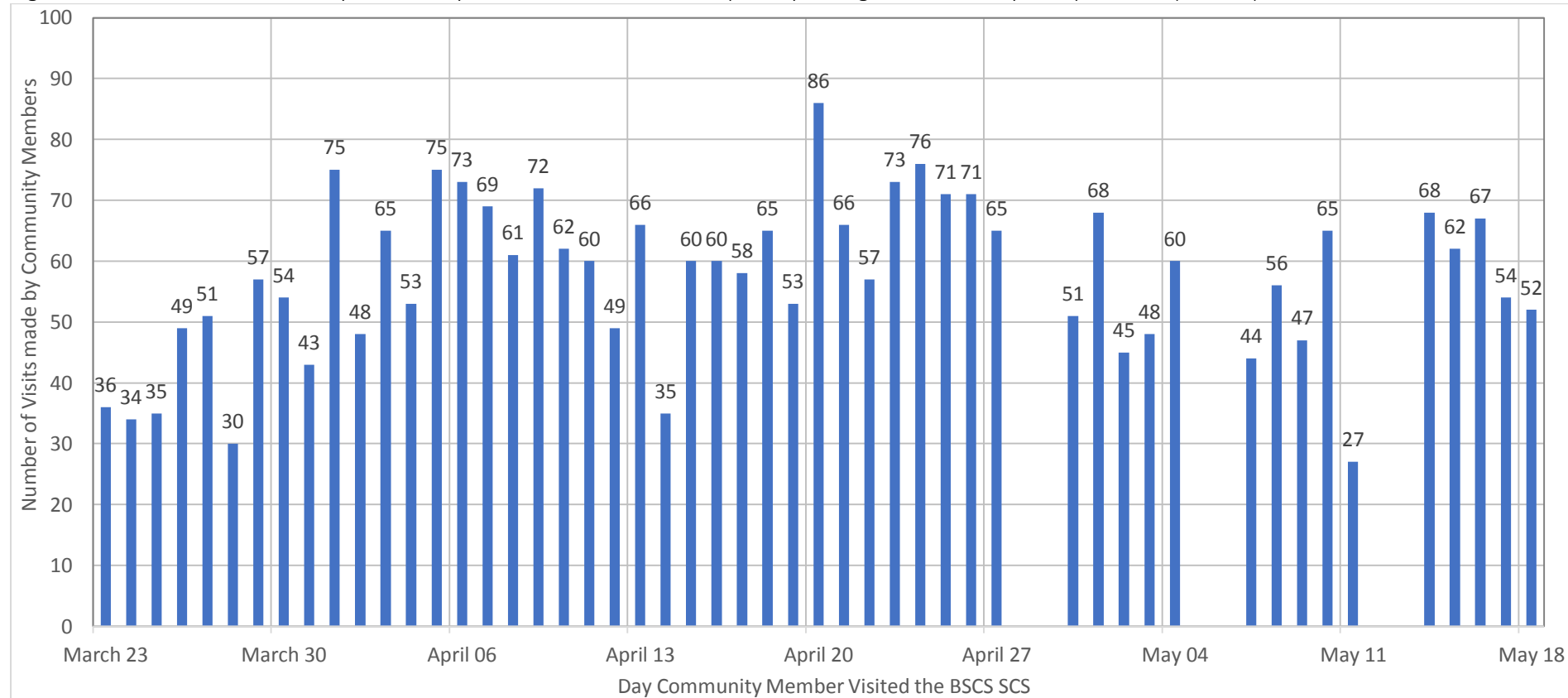
Table 2: Service disruptions at the BSCS SCS during the first 60 days of operations

Date SCS was closed	Time closed	Reason for closure
Wednesday March 28, 2018	13:30-20:00	BSCS building was closed
Thursday March 29, 2018	8:30-9:30	BSCS building was closed
Wednesday April 25, 2018	16:00-20:00	BSCS building was closed
Monday May 21, 2018	8:30 – 16:00	Provincial holiday

4.2 Number of visits per day to the BSCS SCS during the first 60 days of operations

Community members made a total number of 2927 visits to the BSCS SCS during the first 60 days of operations. The average number of visits per day was 57. The minimum number of visits was 27 and the maximum number of visits per day was 86. The number of visits per day is displayed in Figure 5.

Figure 5: Number of visits made by community members to the BSCS SCS per day during the first 60 days of operations (n=2927)

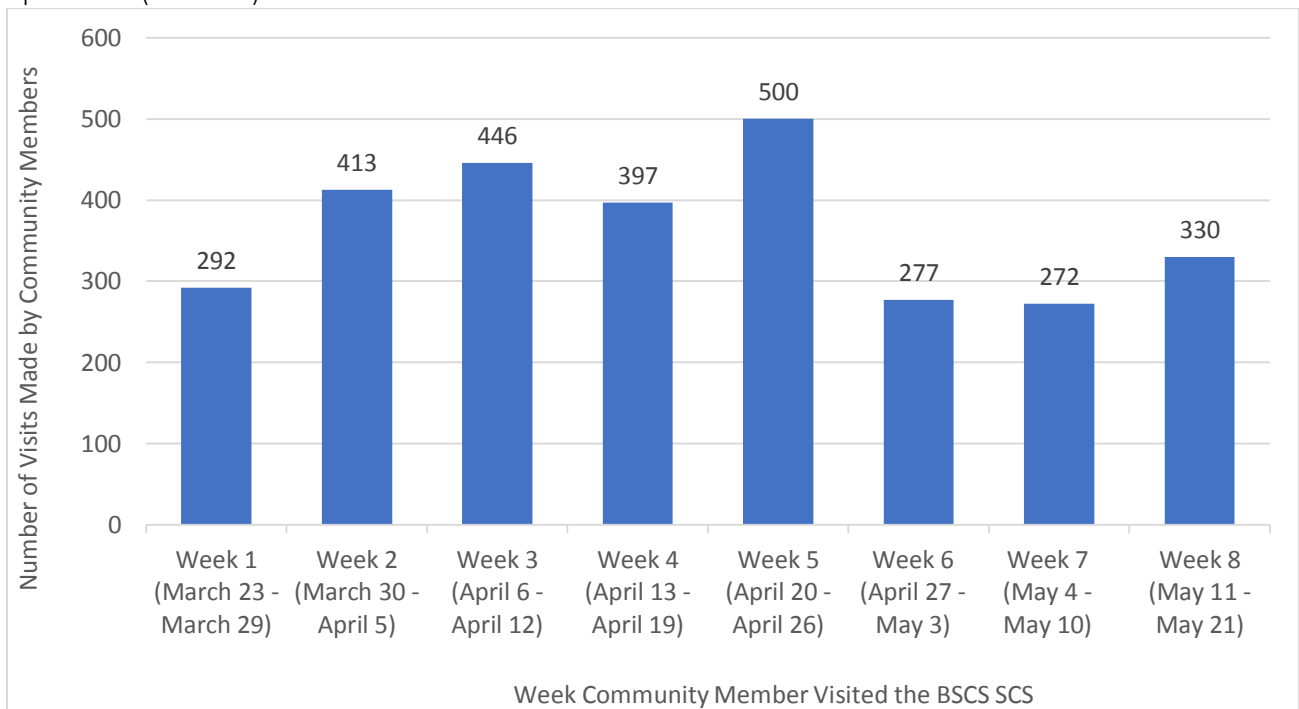


NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included.

4.3 Number of visits per week to the BSCS SCS during the first 60 days of operations

The 60-day reporting period was divided into weekly increments. The average number of visits per week was 366 with a minimum of 272 and a maximum of 500. The number of visits per week is displayed in Figure 6.

Figure 6: Number of visits made by community members to the BSCS SCS per week during the first 60 days of operations (n = 2927)



NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. Week 1 through Week 5 include seven days of data, Week 6 and Week 7 include five days of data and Week 8 includes six days of data.

4.4 Number of visits per month to the BSCS SCS during the first 60 days of operations

The 60-day reporting period was divided into 30-day increments. The average number of visits to the BSCS SCS per 30-day increment was 1464 with a minimum of 1227 and a maximum of 1700. The number of visits per month is displayed in Table 3.

Table 3: Number of visits made by community members to the BSCS SCS per month during the first 60 days of operations (n=2927)

Month	Frequency
Month 1: March 23 – April 21	1700
Month 2: April 22 – May 21	1227

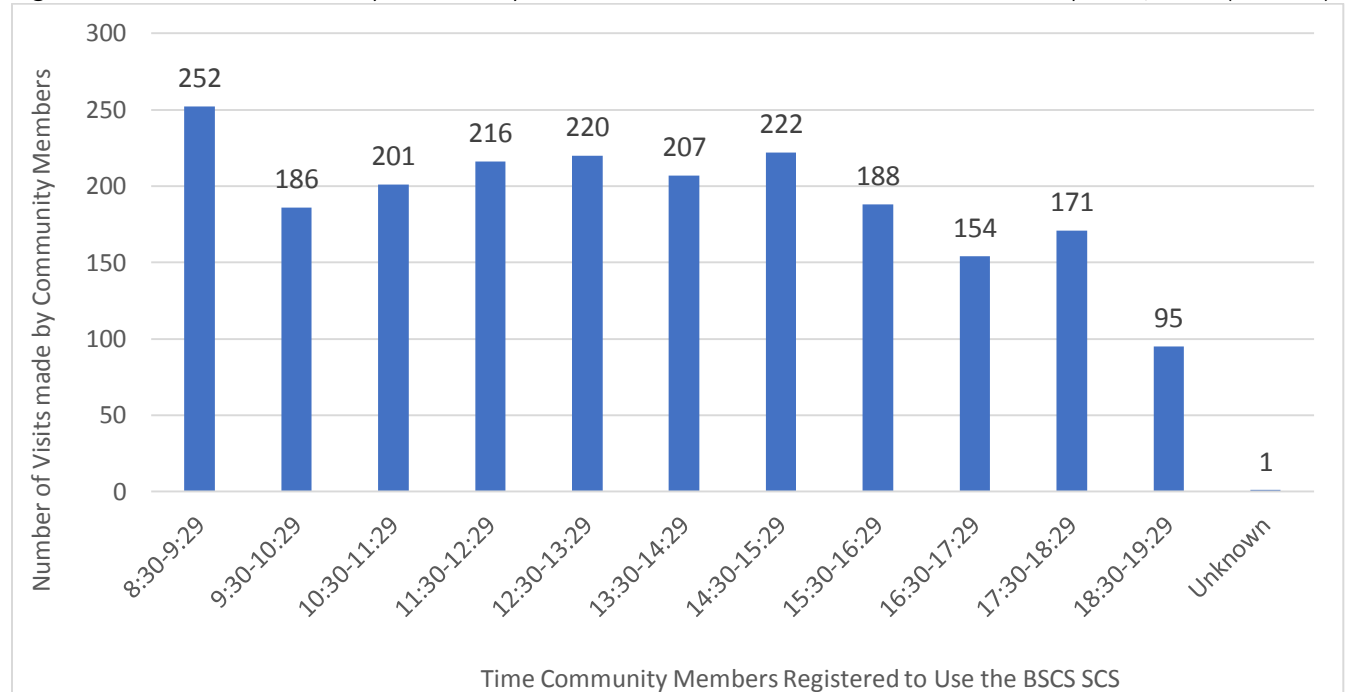
NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included.

4.5 Time of visits to the BSCS SCS during the first 60 days of operations

The BSCS SCS functions on two different service hour schedules. During the winter schedule, the BSCS SCS was open seven days a week from 8:30 h to 20:00 h. During the summer schedule, the BSCS SCS was open Monday through Friday from 8:30 h to 16:00 h. The time of visits during these two different time schedules are displayed below in Figure 7 and Figure 8.

From March 23 to April 27, 2018, the BSCS SCS was open seven days a week from 8:30 h to 20:00 h. Community members made 2113 visits to the BSCS SCS during this time period. The most popular time to visit the BSCS SCS during this time period was 8:30 h to 9:29 h (n=252). The time community members visited the BSCS SCS from March 23 to April 27, 2018 is displayed in Figure 7.

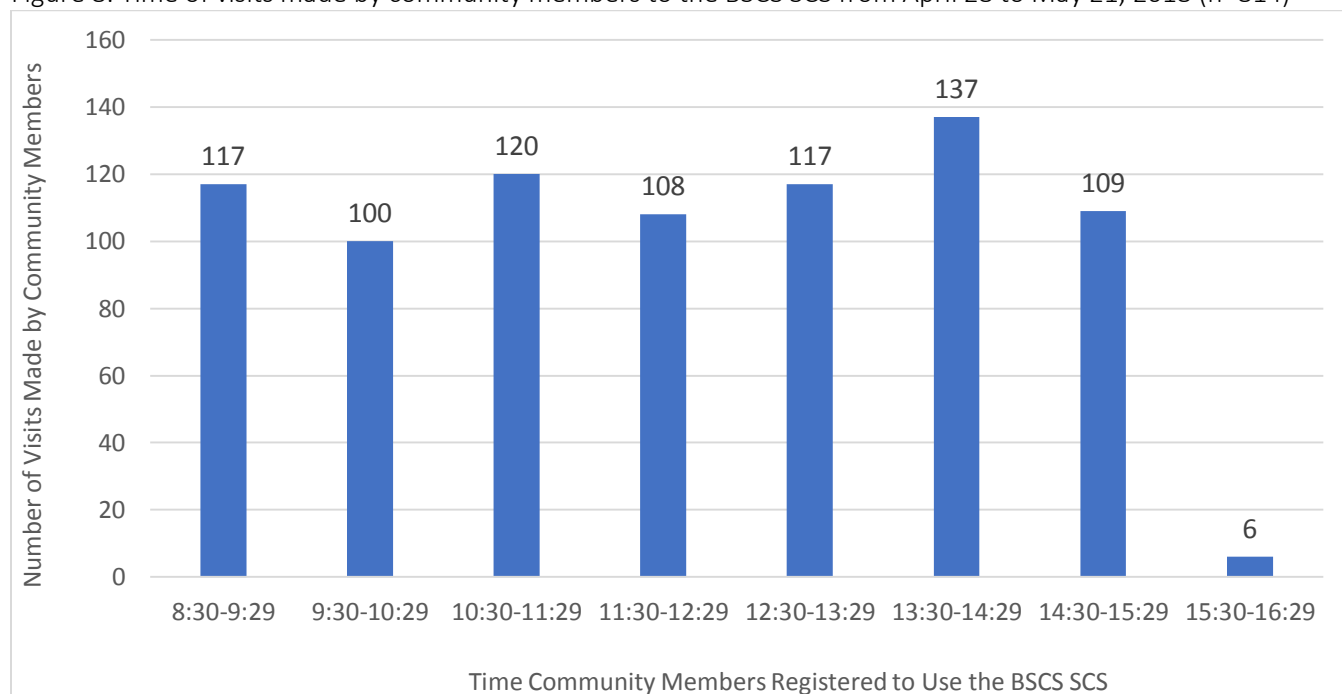
Figure 7: Time of visits made by community members to the BSCS SCS from March 23 to April 27, 2018 (n=2113)



NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. The BSCS SCS typically stops accepting community members during the last hour.

From April 28 to May 21, 2018, the BSCS SCS was open Monday through Friday from 8:30 h to 16:00 h. Community members made 814 visits to the BSCS SCS during this time period. The most popular time to visit the BSCS SCS during this time period was 13:30 h to 14:29 h (n=137). The time of visits to the BSCS SCS from April 28 to May 21, 2018 is displayed in Figure 8.

Figure 8: Time of visits made by community members to the BSCS SCS from April 28 to May 21, 2018 (n=814)

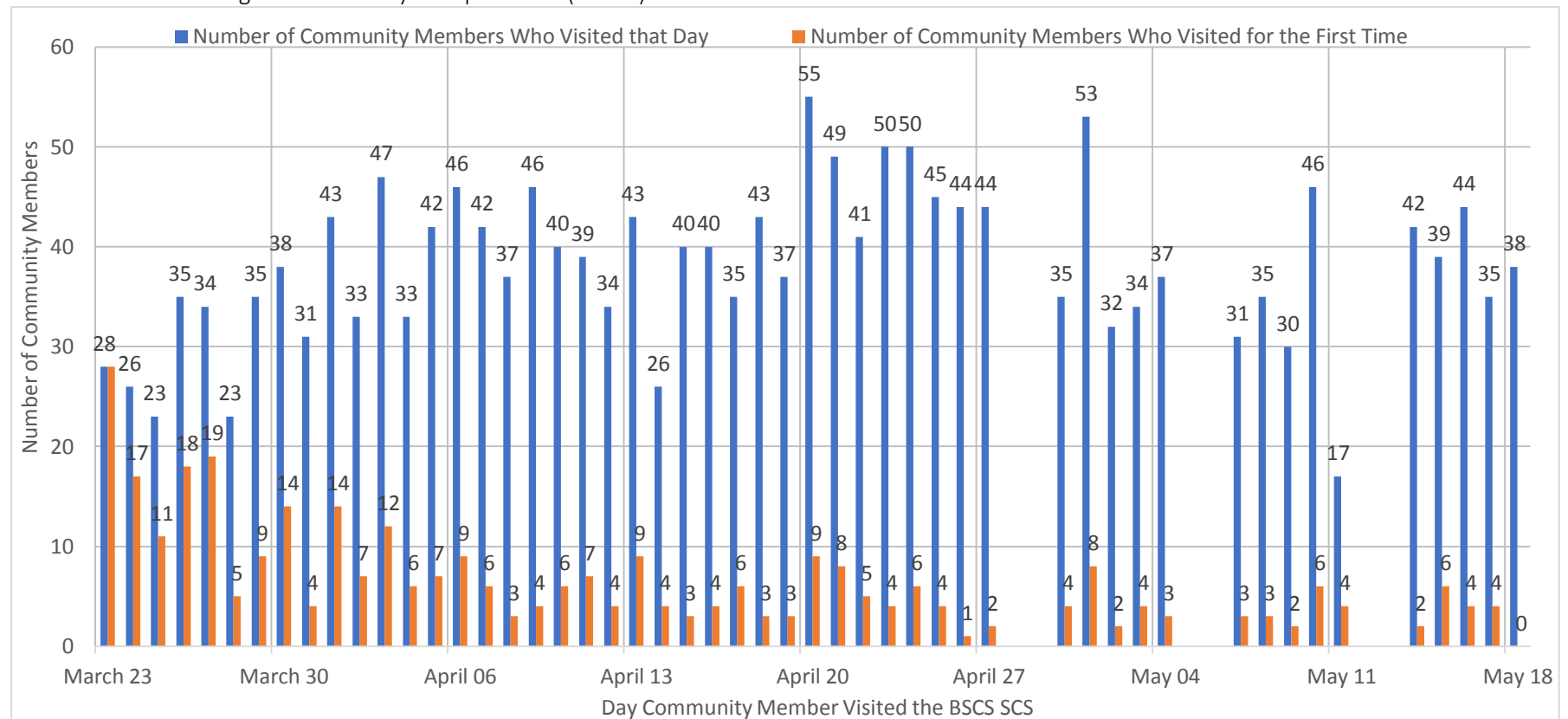


NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. The BSCS SCS typically stops accepting community members during the last hour.

4.6 Number of unique community members that visited the BSCS SCS per day during the first 60 days of operations

The average number of unique community members who visited the BSCS SCS per day was 38, with a minimum number of 17 unique community members and a maximum number of 55 unique community members per day (note that some unique community members made multiple visits on the same day). The number of unique community members who visited the BSCS SCS per day and the number of unique community members who visited the BSCS SCS for the first time are displayed in Figure 9.

Figure 9: Number of unique community members who visited the BSCS SCS per day and number of unique community members who visited the BSCS SCS for the first time during the first 60 days of operations (n=336)

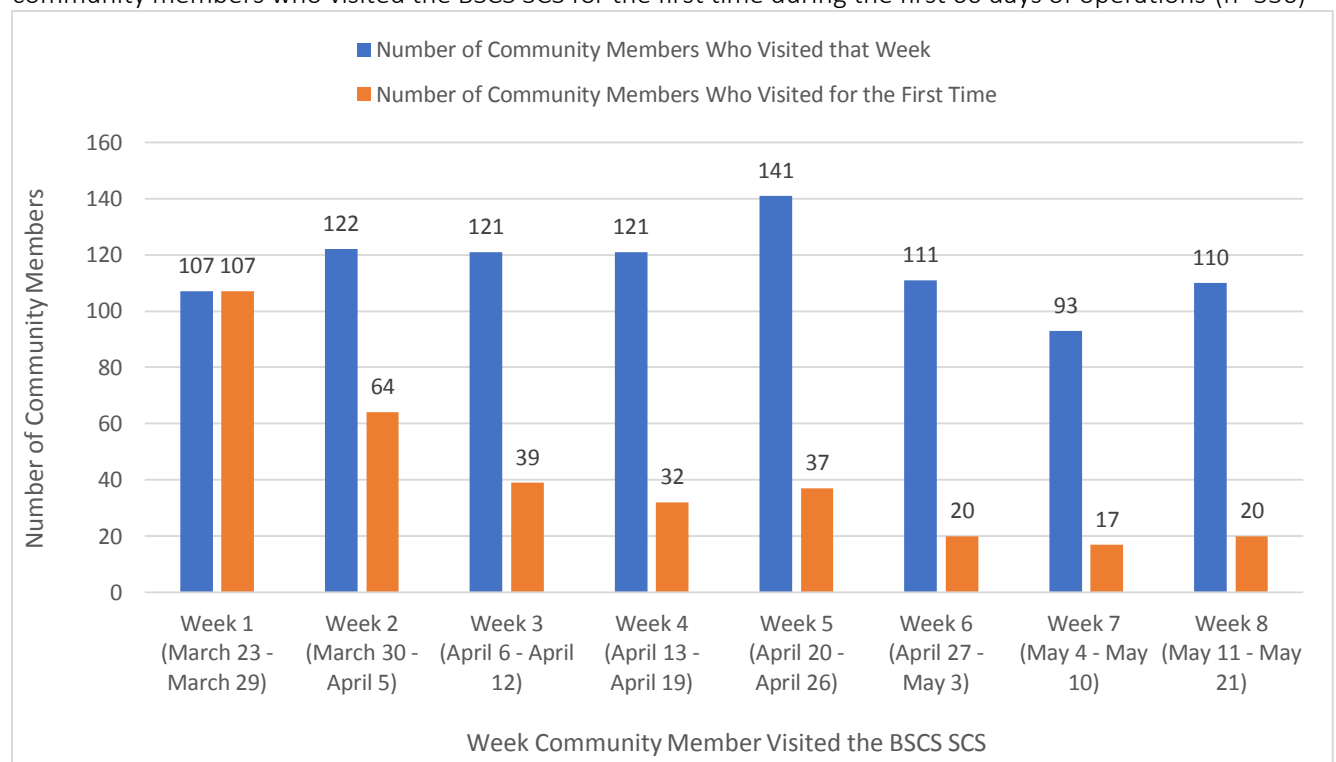


NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. Some unique community members made multiple visits on the same day.

4.7 Number of unique community members that visited the BSCS SCS per week during the first 60 days of operations

The 60-day reporting period was divided into week-long increments. The average number of unique community members who visited the BSCS SCS per week was 116, with a minimum number of 93 unique community members and a maximum number of 141. The number of unique community members who visited the BSCS SCS per week and the number of unique community members who visited the BSCS SCS for the first time are displayed in Figure 10.

Figure 10: Number of unique community members who visited the BSCS SCS per week and number of unique community members who visited the BSCS SCS for the first time during the first 60 days of operations (n=336)



NB: The dates where the BSCS SCS was closed all day have been excluded. The dates where the BSCS SCS was partially closed have been included. Week 1 through Week 5 include seven days of data, Week 6 and Week 7 include five days of data, and Week 8 includes six days of data.

4.8 Number of unique community members that visited the BSCS SCS per month during the first 60 days of operations

The 60-day reporting period was divided into month-long increments. The average number of community members who visited the BSCS SCS per month was 238 with a minimum of 216 and a maximum of 259. The number of unique community members who visited the BSCS SCS per month and the number of unique community members who visited the BSCS SCS for the first time are displayed in Table 3.

Table 3: Number of unique community members who visited the BSCS SCS per month and number of unique community members who visited the BSCS SCS for the first time during the first 60 days of operations (n=336)

Month	Number of Community Members Who Visited that Month	Number of Community Members Who Visited for the First Time
Month 1: March 23 – April 21	259	259
Month 2: April 22 – May 21	216	77

5. Supervised consumption episodes

5.1 Number of community members who consumed drugs at the BSCS SCS during the first 60 days of operations

Of the 336 unique community members who visited the BSCS SCS during the first 60 days of operations, 318 consumed drugs at least once. Eighteen community members were registered into the BSCS SCS database system but never used the consumption space.

5.2 Reasons why community members left prior to consuming drugs at the BSCS SCS during the first 60 days of operations

Among 18 community members who left prior to consuming drugs, two stated it was because the waiting time was too long. Reasons were unavailable for the other 16 community members.

During 100 visits, 66 other community members left before consuming drugs but these community members eventually returned to consume drugs at another time. During these 100 visits, ten stated the waiting time was too long and three stated they did not like another community member who was in the BSCS SCS. For the other 87 visits, a reason was not recorded.

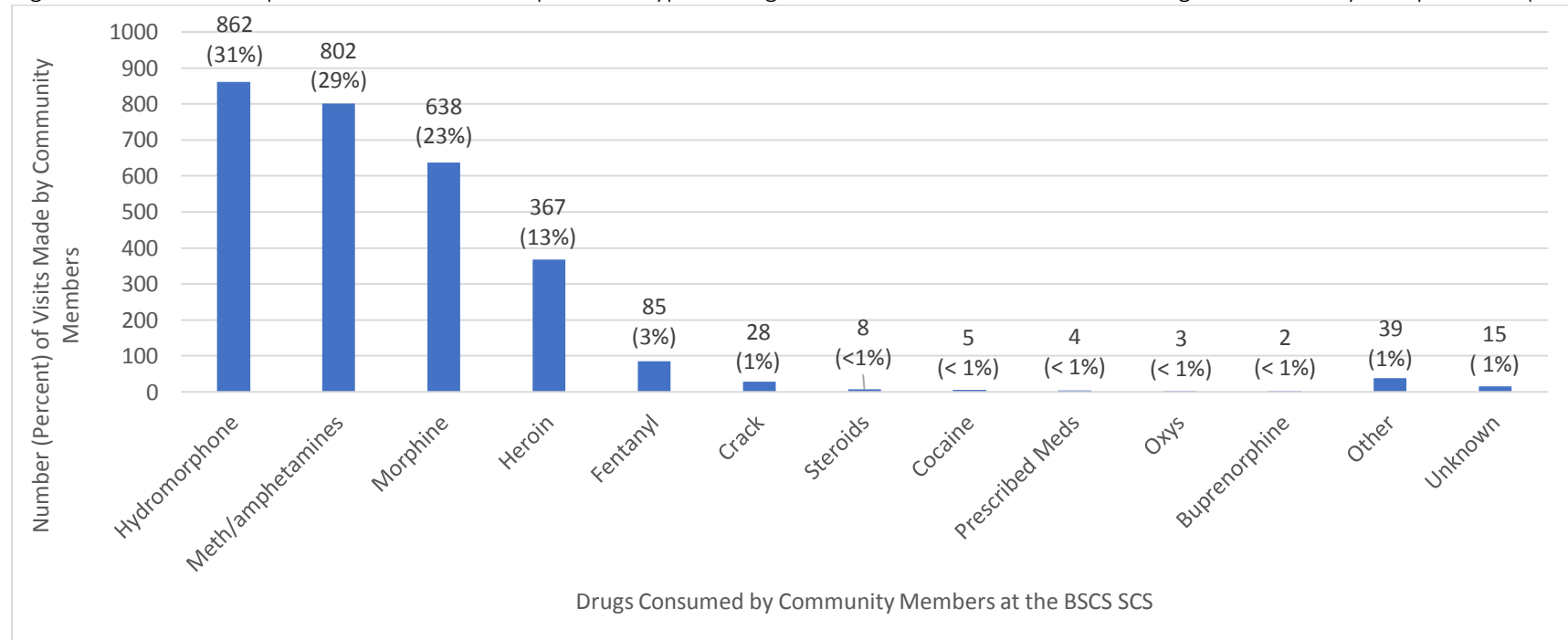
Six other people entered the BSCS SCS but left before injecting and did not complete an intake. Their reasons for leaving were manually recorded on paper and were as follows: two individuals stated the wait times were too long, one was not willing to give the required information, two did not provide a reason, and one required manual assistance with injection, which SCS staff are not permitted to do under current federal section 56 exemptions.

5.3 Type of drug consumed at the BSCS SCS per visit during the first 60 days of operations

Community members made a total number of 2927 visits to the BSCS SCS during the first 60 days of operations. Community members consumed drugs in a total of 2809 of these visits.

The self-reported drugs most commonly consumed during these 2809 visits were as follows: in 862 visits (31%) community members consumed hydromorphone, in 802 visits (29%) community members consumed crystal methamphetamine or amphetamines, in 638 visits (23%) community members consumed morphine, and in 367 visits (13%) community members consumed heroin. In 1957 (70%) of the 2809 visits, a community member consumed an opioid or opiate. The number and percent of visits where a particular type of drug was consumed at the BSCS SCS is displayed in Figure 11.

Figure 11: Number and percent of visits where a particular type of drug was consumed at the BSCS SCS during the first 60 days of operations (n=2809)



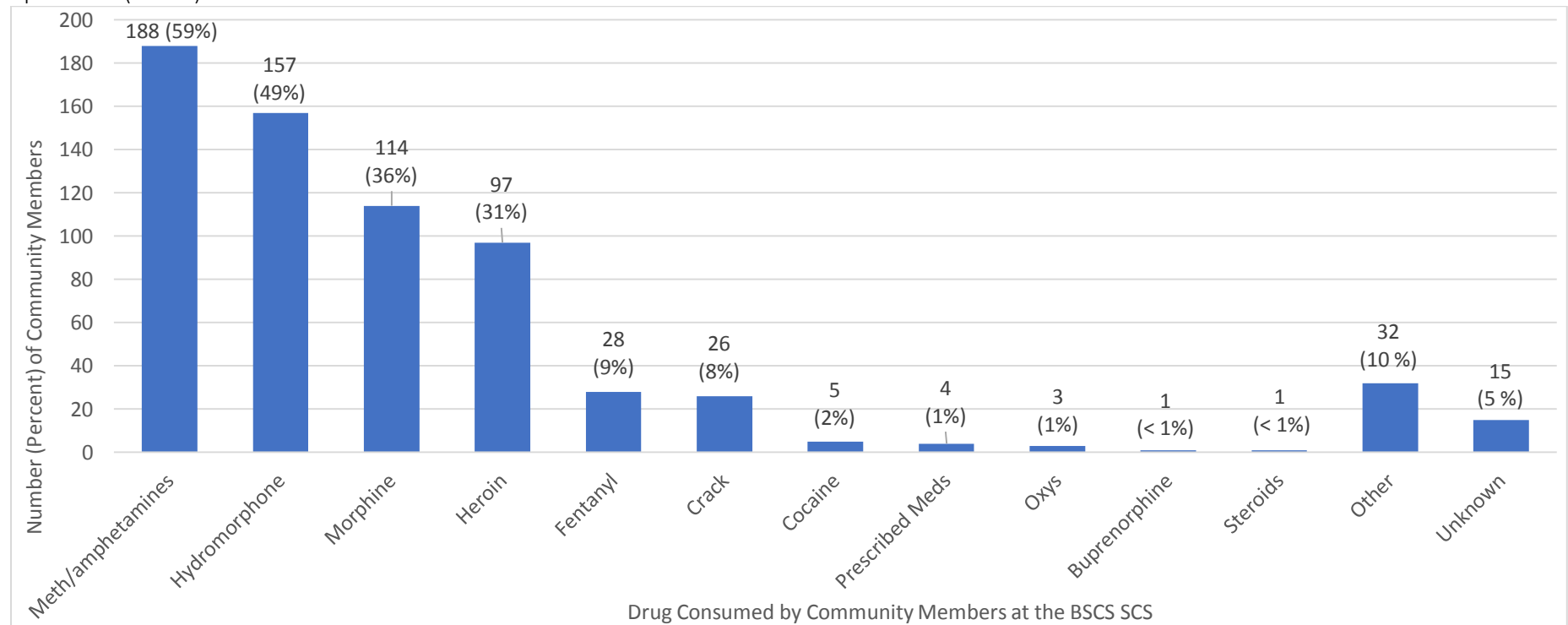
NB: Community members can consume more than one drug in one visit.

5.4 Type of drug consumed at the BSCS SCS per unique community member during the first 60 days of operations

Of the 336 unique community members who visited the BSCS SCS from March 23 to May 21, 2018, 318 consumed drugs at least once.

The most commonly consumed self-reported drugs by the 318 community members during at least one visit at the BSCS SCS are as follows: 188 (59%) consumed crystal methamphetamine or amphetamines during at least one visit, 157 (49%) consumed hydromorphone, 114 (36%) consumed morphine, and 97 (31%) consumed heroin. Of the 318 community members, 69% (n=221) consumed an opioid or opiate during at least one visit. The number and percent of community members who consumed a type of drug during at least one visit at the at the BSCS SCS is displayed in Figure 12.

Figure 12: Number and percent of community members who consumed a type of drug during at least one visit at the BSCS SCS during the first 60 days of operations (n=318)



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

6. Services and Referrals Data

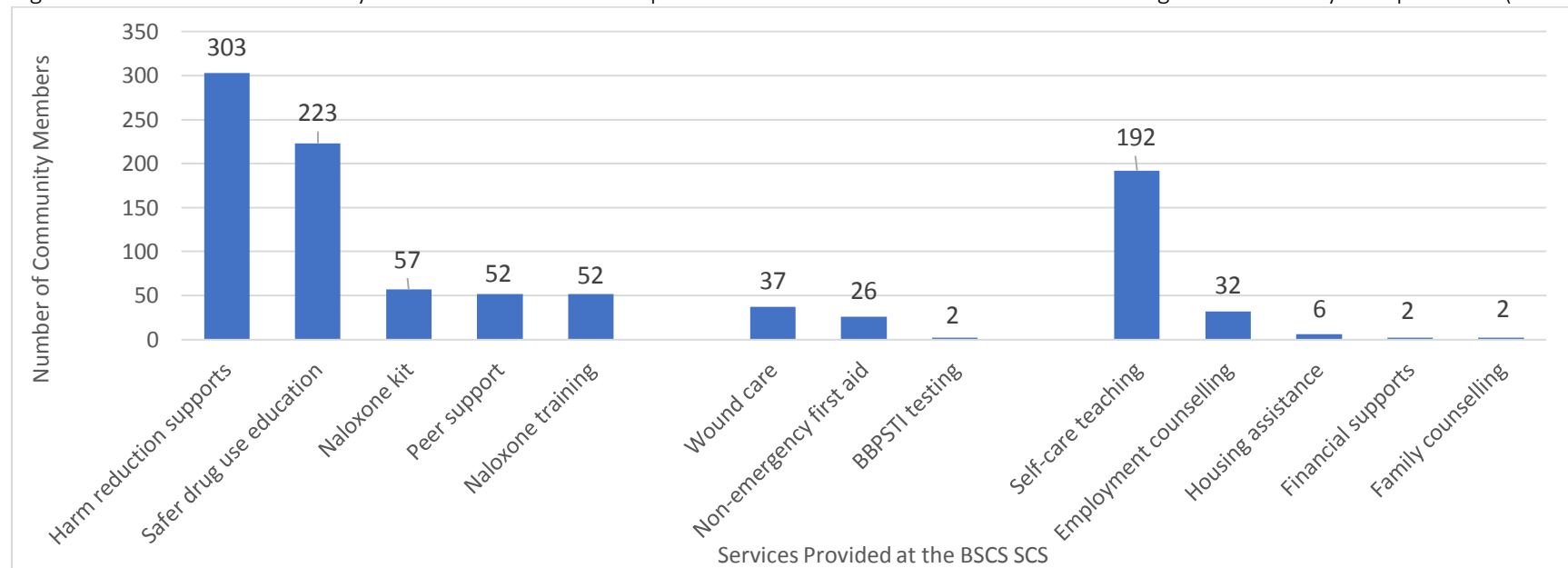
6.1 Community Members who Received Services and Referrals

Of the 336 unique community members who visited the BSCS SCS during the first sixty days of operations, 318 consumed drugs at least once. It was assumed that all 336 community members, even the 18 that did not consume drugs, were eligible to receive an internal service or external referral.

6.2 Service Data

Of the 336 community members who visited the BSCS SCS, 310 (92%) were provided at least one internal service. Of the 26 community members who were not recorded as receiving an internal service, 21 (81%) visited the BSCS SCS only once. The number of community members who received a particular type of internal service is displayed in Figure 13.

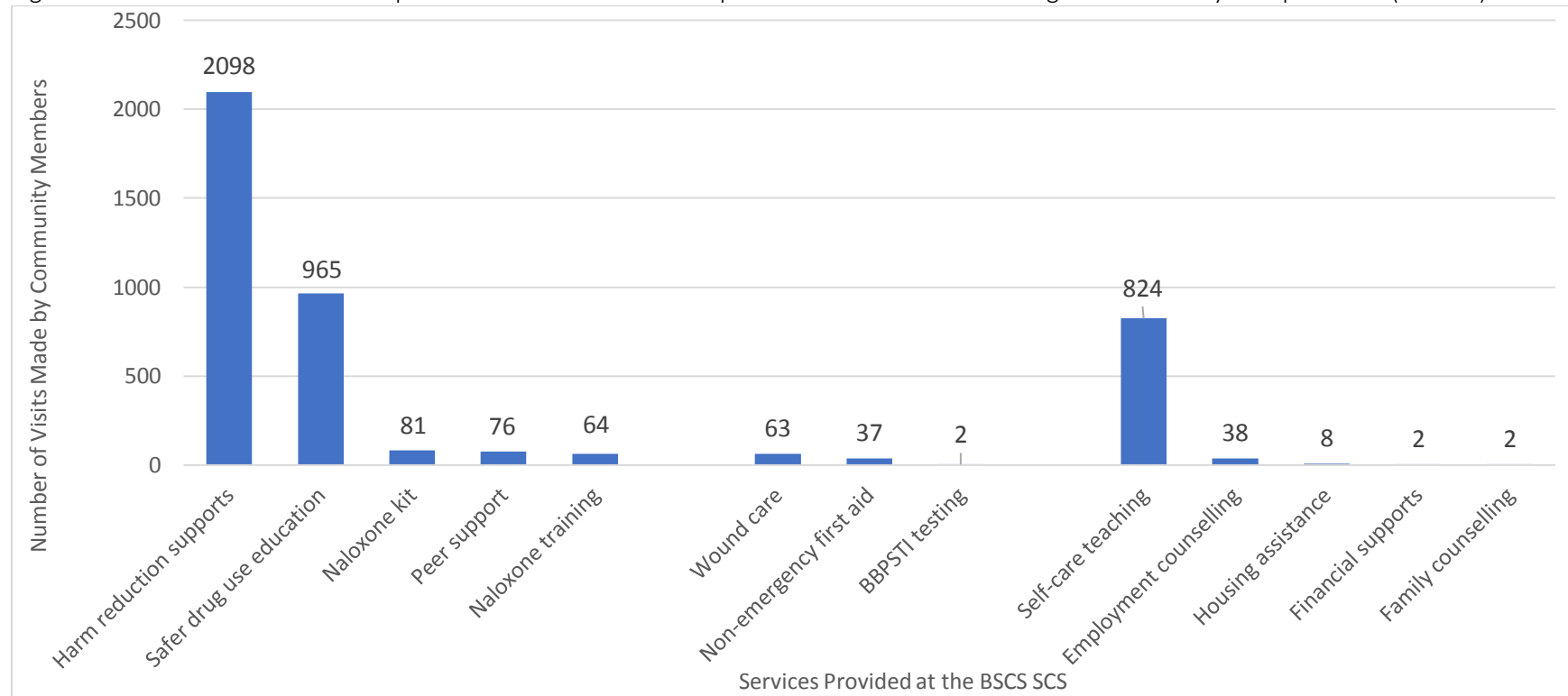
Figure 13: Number of community members who received a particular internal service at the BSCS SCS during the first 60 days of operations (n=336)



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

Community members made a total number of 2927 visits to the BSCS SCS from during the first 60 days of operations. During these visits, 4260 internal services were provided. The number of visits where a particular type of internal service was provided is displayed in Figure 14.

Figure 14: Number of visits where a particular internal service was provided at the BSCS SCS during the first 60 days of operations (n=2927)

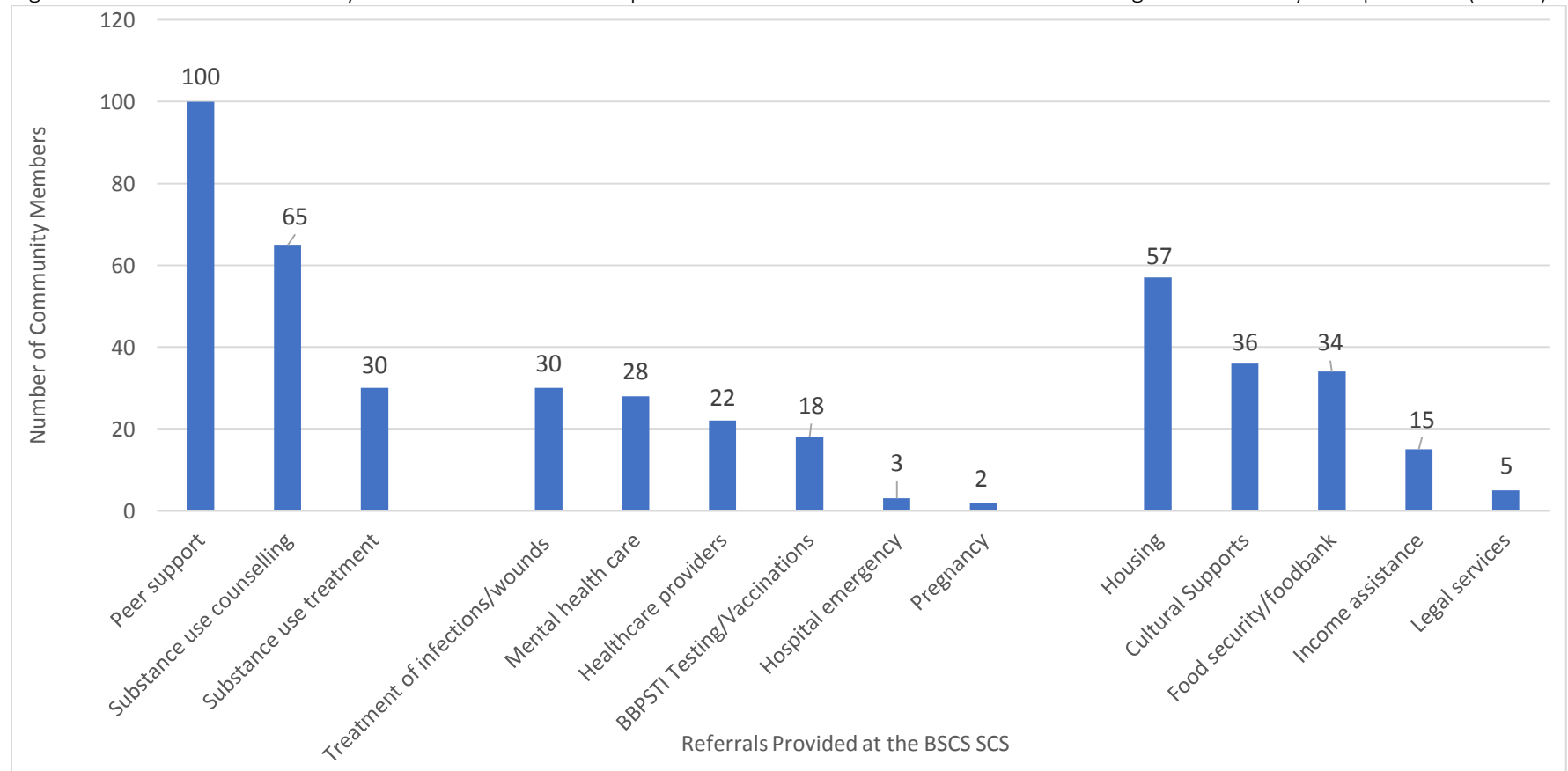


NB: Community members can receive more than one service during one visit at the BSCS SCS.

6.3 Referral Data

Of the 336 community members who visited the BSCS SCS, 161 (48%) were provided at least one referral to an external service provider. Of the 175 (52%) community members who were not recorded as receiving a referral to an external service provider, 90 (51%) visited the SCS only once. The number of community members who received a particular type of external referral is displayed in Figure 15.

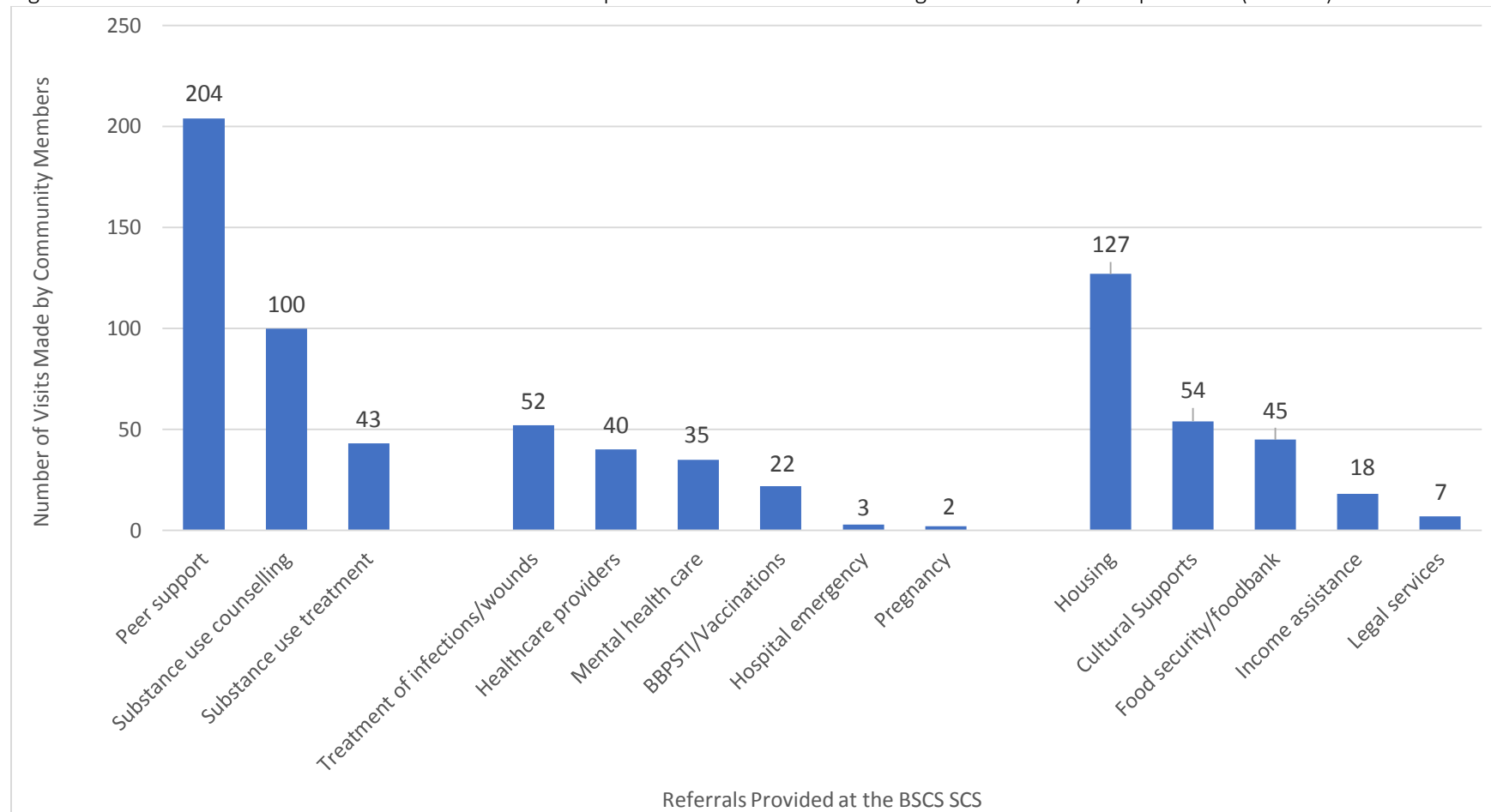
Figure 15: Number of community members who received a particular external referral at the BSCS SCS during the first 60 days of operations (n=336)



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

Community members made a total number of 2927 visits to the BSCS SCS during the first 60 days of operations. During these visits, 752 external referrals were provided. The number of visits where a particular type of external referral was provided is displayed in Figure 16.

Figure 16: Number of visits where an external referral was provided at the BSCS SCS during the first 60 days of operations (n=2927)



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

7. Overdoses occurring at the BSCS SCS

During the first 60 days of operations a total of 21 overdose events occurred at the BSCS SCS. All overdoses were successfully reversed. The details regarding all overdose events that occurred at the BSCS SCS during the first 60 days of operations are described in Table 4.

Table 4: Overdose events managed at the BSCS SCS during the first 60 days of operations, including self-reported intoxicant and interventions provided

Date	Drug used (self-report)	Interventions used
March 23, 2018	Heroin	Naloxone/Treated by Emergency Medical Services (EMS)
March 28, 2018	Heroin	O ₂ only
March 29, 2018	Dilaudid	Treated by EMS
April 5, 2018	Heroin	Treated by EMS
April 8, 2018	Heroin	Naloxone/Treated by EMS
April 14, 2018	Heroin	Naloxone
April 19, 2018	Fentanyl	Naloxone
April 19, 2018	Heroin	O ₂ only
April 19, 2018	Heroin	Treated by EMS
April 23, 2018	Heroin	O ₂ and Naloxone
April 25, 2018	Heroin	O ₂ only
April 25, 2018	Heroin	O ₂ and Naloxone
May 4, 2018	Heroin	O ₂ and Naloxone
May 9, 2018	Fentanyl	O ₂ only
May 10, 2018	Heroin	O ₂ only
May 11, 2018	Fentanyl	O ₂ only
May 14, 2018	Heroin	O ₂ only
May 15, 2018	Heroin	O ₂ only
May 16, 2018	Heroin	O ₂ only
May 17, 2018	Heroin	O ₂
May 18, 2018	Heroin	O ₂

NB: O₂ = oxygen administered.

8. Feedback from community members and the public

8.1 Feedback from community members regarding the BSCS SCS

Staff at the BSCS 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 BSCS SCS program director. Written and verbal feedback provided by community members who visited the BSCS SCS during the first 60 days of operations are listed in Table 5.

Table 5: Feedback left by community members who visited the BSCS SCS during the first 60 days of operations

<i>Emergency clothing needed for a lot of people without.</i>
<i>I think the process went great, I love the idea of the chill room/snack room, thank you.</i>
<i>You guys are the best</i>
<i>Kleenex in booths/ Recycle Bin</i>
<i>As I was told to come in one of the employees didn't ask me to wash my hands, however I always do it. 3-star rating.</i>
<i>Monthly drug info on street drugs. (Do-survey- more info on street drugs).</i>
<i>Come up with this and would really save lives for people that use heavy drugs. I 100% with this program.</i>
<i>Look into hiring volunteers with clean time to help with info on injecting</i>
<i>Can we get a public phone please so I can call a cab?</i>
<i>Here's a suggestion that puts a good feel, before doing drugs do exercise. It will help keep mind busy. Heart is the key.</i>
<i>I would suggest that the door between the chill out room and the consumption room should remain closed so people don't get distracted by others.</i>
<i>It's a safe place to do it. Nice to have you here.</i>
<i>Can we make this a more safe consumption site IE: so I can smoke my dope instead of having trouble finding a vein, because people overdose when smoking as well.</i>
<i>Much thanks. Have so very many positives here. Not only with safe injection but with resources and much information to assist us. Most definitely a plus for many people More funding? The community is grateful. Kudos. Love you! Nice to come here and meet staff people that actually care. Many thanks. Hearts.</i>

<i>The safe site is a long needed service in this city. People here are wonderful and an amazing group that honestly cares. Many thanks.</i>
<i>Separate booths after in waiting rooms. Getting annoyed at other addicts and their dumb remarks and bullying.</i>
<i>Thank you for having my back even when my nose bleeds.</i>
<i>Would be helpful if bags were provided for people to wrap their cook/can in (wash shot)</i>
<i>Place is great. Saves lives.</i>
<i>Please make a sign that says, "If you don't have anything nice to say...Don't say it."</i>
<i>24 hour clinics a must, letting people know about the facilities that are around</i>
<i>I think the process overall went great I never felt uncomfortable at all. Staff is very nice, and everything felt really confidential. I really liked it. Thank you for a clean site.</i>
<i>Cookies and juice please</i>
<i>Thank you all 5-star rating</i>
<i>Thank you for me human and think this is wonderful stick to your guns. God speed.</i>
<i>Snacks are a nice option! Thank you needs condoms tho. Lol</i>
<i>Shower curtain on all booths.</i>
<i>Great idea. Thanks for all the help with my stinkiness.</i>
<i>Longer hours 24/7 if possible.</i>
<i>Amazing job you are all doing for us. Thank you. You are probably saving my life.</i>
<i>Thank you very much for everything you people have done for me today.</i>
<i>Nice but people that want to get clean, be nice if such topics were discussed in a place other than the consumption room ie: intake or chill room. People wanting to enjoy their high don't want such talk.</i>
<i>Clean and safe. Nice staff.</i>
<i>Was very impressed with morning people. I am impressed with both.</i>
<i>There should be a list of rules for everyone to see and follow. That way people are aware of them and know that they apply to everyone the same. So people know that they are not special and try to push their luck (so to speak) IE: Not taking their own sweet time. This place should be considered a privilege as well as a health benefit.</i>

<i>Once you are done in the consumption room, move on. Don't sit in the SCS or flail out in the consumption room.</i>
<i>Time limit rules need to be enforced more thoroughly. Rules apply to everyone. There's no special cases for anyone.</i>
<i>Hey you guys are awesome for working here! Thank you!</i>
<i>The staff are the best. Very caring and good beside manner.</i>
<i>Love you and very thankful you're here. Such a lovely group.</i>
Clients said SCS service is great. Was referred to suboxone treatment and will be starting soon.
Client connected to volunteering opportunities at BSCS and hopes to find employment opportunities and potentially return to school. Feels well supported by SCS staff around drug use and this too now.

8.2 Feedback from the public regarding the BSCS SCS

No members of the public directly contacted the BSCS SCS or Streetworks to provide feedback between March 23 to May 21, 2018. However, feedback was provided four times through 311 services operated by the COE during this time period (as compared to one 311 call related to BSCS in the 60 days prior to the SCS opening). These four 311 calls were logged on: March 27, March 29, April 20, and April 25, 2018.³ No further details were provided by the COE.

³ Email communication to Elaine Hyshka (University of Alberta), AMSISE member, from Grant Kay, Manager, Inside Information, Inside Solutions, Temac, Corporate IDs, Customer IDs; Engagement; Communications & Engagement on June 6th 2018.

9. Overdoses in the vicinity

We had intended to provide information on the frequency of overdose incidents in the vicinity of the BSCS SCS. AMSISE has been working with Alberta Health Services' Population Health Surveillance since first receiving the BSCS SCS exemption to ensure 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 outage⁴ that includes almost the entire 60-day analysis period. As a result, at the time of writing, no information regarding overdoses in the vicinity of the BSCS SCS was available to AHS. As such, EMS data are not included in the present report.

10. Public disorder and crime

An AMSISE member met with officials from EPS, the COE, and other stakeholders to discuss SCS-related data sharing on April 11th 2018. At this meeting, the EPS agreed to share police data from around the vicinity of the BSCS SCS with the COE. The COE indicated they would conduct an analysis examining any changes in police activity and crime in the area following the opening of the SCS.

Data were received on June 19, 2018 and could not be analyzed fully by the COE in time for this report. However, according to Inspector Dan Jones EPS Downtown Division, the EPS internal analysis has found no evidence of a correlation between the BSCS SCS and crime in the vicinity.⁵

11. Improperly discarded syringes

AMSISE members met with representatives from the COE and requested information on the number of discarded syringes in the vicinity of the BSCS SCS. The COE utilized the analysis method of kernel density estimation to examine whether the number of improperly discarded syringes reported to the COE changed when compared to previous years.

Data from January 2014 to May 2018 were included in the analysis. A majority of calls to 311 services were in regard to syringes discarded in central and downtown Edmonton, although syringes were found throughout the city. A cyclical pattern was detected; there is a decrease of calls to 311 during the winter months and an increase of calls during the summer months. During the summer months, the number of calls to 311 services typically rises and then plateaus before decreasing in the fall.

From March 23 to May 23, 2017 (62 days), 260 syringes were reported to 311 services. One year later, from March 23 to May 23, 2018, 313 syringes were reported. This represents a 17% increase.⁶

⁴ 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>.

⁵ Email communication to Elaine Hyshka (University of Alberta), AMSISE member, from Dorian Smith, City of Edmonton, Citizen Services Department, Community Inclusion and Investment Branch, Family and Community Supports, on June 19, 2018.

However, the number of calls has not plateaued for 2018, as it is too early in the summer season. Also, weather variations from year to year make a valid comparison between years challenging. Therefore a conclusion cannot be made on whether the opening of the BSCS SCS was correlated with an increase of calls to the COE regarding improperly discarded syringes.

12. Ongoing community engagement and mitigated efforts

12.1 Public relations and media background

Considering the significant attention given to the announcement of the AMSISE SCS exemptions in Edmonton and some misinformation circulating in the community about SCS, we implemented a comprehensive public and media relations plan. AMSISE implemented this plan through the support of communications staff at BSCS.

The communications plan had three main goals:

1. Ensure that all levels of government were notified ahead of the opening of the SCS.
2. Allow for media to film the SCS outside service hours, report on the client-flow of the program, and ask questions directly of SCS staff.
3. Provide ample opportunity for public engagement with community leaders by providing public tours of the SCS. Engage with partners at the City of Edmonton Supervised Consumption Services Community Liaison Committee (CLC) by providing members an advanced opportunity to view the new site and to learn about how the SCS operates.

The COE, AHS, Alberta Health, Health Canada, the offices of provincial Minister of Health, Sarah Hoffman, and Associate Minister of Health, Brandy Payne, were made aware of the planned media and community tours of the SCS site one week ahead of the event.

12.2 Media relations

Media were invited to BSCS the morning of March 22nd, 2018 and were provided a tour of the space and a mock demonstration of the client-flow of the SCS program. Executive Directors from all three site locations were available to speak to each specific location and how SCS would fit into existing services. Additionally, the SCS Program Director along with the Lead RN (Erica Schoen and Katrina Stephenson respectively) were available to answer questions about the

⁶ Email communication to Elaine Hyshka (University of Alberta), AMSISE member, from Usman Rizwan, Data Scientist, Analytics Centre of Excellence, Financial and Corporate Services, Open City and Innovation, on June 22, 2018.

clinical operation of the SCS. Finally, Shelley Williams spoke on behalf of AMSISE and to the process that led to the creation of the SCS sites.

12.3 Media reports

Below are the media that were present and reported on the opening of the SCS including follow-up stories that were done over the weekend and into the following week.

March 22, 2018:

CTV:

<https://edmonton.ctvnews.ca/edmonton-s-first-supervised-injection-site-opens-friday-1.3854640>

Edmonton Journal:

<http://edmontonjournal.com/news/local-news/edmontons-first-supervised-drug-consumption-site-unveiled>

Global:

<https://globalnews.ca/news/4098961/edmonton-first-safe-injection-location-set-to-open/>

Metro:

<http://www.metronews.ca/news/edmonton/2018/03/22/first-supervised-consumption-site-to-open-in-edmonton-friday.html>

March 23, 2018:

Global at Noon:

<https://globalnews.ca/video/4102271/edmontons-first-safe-consumption-site-opens>

Jespersen Show:

<https://omny.fm/shows/ryan-jespersen-show/mar-26-jespersen-9-first-safe-injection-site-opens>

March 24 – March 25, 2018:

CTV:

<https://edmonton.ctvnews.ca/mobile/video?clipId=1356753>

Global:

<https://globalnews.ca/news/4106685/edmonton-safe-injection-site-opioid-drugs-overdose/>

12.4 Public and community engagement

In addition to the media availability, members of the CLC were invited on March 22nd to view the BSCS SCS, ask questions of the staff, and learn about how the program will operate. Over 12 members of surrounding community leagues, the COE staff, EPS and other agencies participated in the first public tour.

Two additional two public tours (April 10th 2018 and May 15th, 2018) were held at the BSCS SCS site and were attend by over 20 individuals. These tours were attended by interested citizens, the COE staff, other harm reduction agency staff and members of public service agencies (AHS, EPS, EMS). Public tours will continue to be held at the BSCS SCS site on the 3rd Tuesday of every month from 5:30pm-6:30pm until demand subsides. These tours are open to the public.

12.5 BSCS participation on the City of Edmonton Supervised Consumption Services Liaison Committee

Executive Directors from BSCS and the other SCS host agencies have been active participants in the CLC, which has met twice (March 12th and June 4th, 2018). The CLC is composed of various stakeholders including representatives from: AHS, COE, EPS, Alberta Addicts Who Educate and Advocate Responsibly, REACH Edmonton Council for Safe Communities, North Edge Business Association, Chinatown and Area Business Association, Edmonton Chinese Young Leaders' Council, Ward Six City Councillor's Office, and the Institute for Health Economics lead SCS evaluator. Other members include resident representatives of the neighbourhoods of McCauley, Central McDougall, and Boyle Street and representatives from the SCS sites.

The purpose of the CLC is to provide a venue for members to: discuss the benefits of SCS; provide and share information, clarify questions, and increase understanding of the health services provided at the SCS sites; discuss the impacts of the SCS sites on the surrounding neighbourhoods; and consider mitigation measures for any negative impacts.

All identified negative impacts of the SCS sites on the surrounding neighbourhoods are brought forward to the COE Administration for consideration and response, or referral to the appropriate resources. The scope of the impacts on the surrounding neighbourhoods includes changes in: improperly discarded and public use of needles; EMS callouts for overdose emergencies; and disorder in the downtown area. These impacts are based on appropriate and agreed upon data.

At the end of each meeting, the CLC members agree upon three key messages to be shared with their respective organizations. The purpose of the CLC is not to debate whether SCS should be offered in Edmonton or the locations of the SCS.

At the March 12th and June 4th meetings, Executive Directors from each of the SCS host agencies updated the committee on the operations of the sites and addressed concerns and questions from the committee participants. This committee meets quarterly and the next meeting is scheduled for September 10th, 2018.

13.0 Conclusion

This report has provided a comprehensive overview of available data pertaining to the first 60 days of operations of the BSCS SCS. Questions about the information contained in this report or the BSCS SCS more generally should be directed to: Marliss Taylor, RN; Program Manager; Streetworks Edmonton, MTaylor@boylestreet.org.