







Safer Spaces: Business and Neighbourhood Associations Support Distributed Services Access to Mitigate Drug Poisoning and Houselessness in Calgary

Drug poisoning is Alberta's leading driver of reduced life expectancy.

We continue losing lives across all demographics in every corner of our province. In 2021, our city lost a staggering 574 people to drug poisoning, a 97% increase from 2019.

This crisis is occurring in tandem with increased houselessness, driving more people to shelter in public spaces without necessities like washroom access. <u>Recent reporting</u> on Calgary's transit system describes people feeling unsafe using transit, often because of open drug use.

The public response to these safety perceptions has repeatedly been to increase armed security on transit lines, lock buildings overnight and drive people out of encampments. This direction primarily serves to endlessly displace and criminalize people who require housing and support.

We do not lack the space or the resources to respond with aggressive compassion to these emergencies. It is only a question of policy choice.

With discussions accelerating around safe spaces including supervised consumption sites in Calgary, the boards of Beltline Neighbourhoods Association, Beltline Business Improvement Area, Crescent Heights Community Association and EACH+EVERY: Businesses for Harm Reduction propose a greater vision for our city's response to the crisis that recognizes both its interplay with housing and the historical and ongoing displacement of Indigenous peoples. We implore all levels of government to commit funding or remove red tape to facilitate immediate and meaningful responses in Calgary's hardest-hit areas:

1. Increase supervised consumption locations and diversity to accommodate different needs, including inhalation use.

2. Begin replacing the toxic drug supply with regulated alternatives and make drug checking easily available.

3. Support people seeking stability with diverse and accessible housing, health care and employment training options.

- 4. Center the leadership of people surviving the intersecting toxic drug and housing crises.
- 5. Take measures to remove profit motives and coercive approaches from these solutions.

First, we can summarize <u>the evidence around supervised drug consumption services</u>, which has repeatedly proven that these sites:

- reduce public drug use,
- reduce publicly discarded debris including syringes,
- increase connection with housing and health services,
- have no measurable impact on social disorder, drug trafficking, or crime in the area,

• support healthier communities and cost savings by reducing infectious disease transmission and drug poisoning, which now draws <u>at least 10% of ambulance dispatches in Alberta</u>.

Given these facts, increasing supervised consumption access will alleviate the public safety perceptions that arise with open illegal drug use. In the wake of the cancelled overdose prevention site at the Calgary Drop-In Centre, we affirm that closing Safeworks supervised consumption site at Sheldon Chumir Health Centre is a grave mistake that risks severing connections between service staff and people already at high risk of drug poisoning.

Instead, we propose that supervised consumption capacity should be expanded and distributed throughout communities suffering the <u>highest poisoning rates</u>. The skills to operate new sites already exist among street outreach groups who have the required expertise in drug poisoning response and providing care for people who are unhoused or who use drugs. Sites should have built-in capacity for inhalation drug use, which accounts for <u>around half</u> of poisoning events, and barriers such as the requirement for personal health numbers should be eliminated to ensure people are comfortable entering the sites.

Supervised consumption will not solve the toxicity of the drug supply. However, the tremendous early success of the London Intercommunity Health Centre in improving health and wellbeing of people accessing its safe supply program provides a model if our goals include reducing drug poisoning, fentanyl and stimulant use, petty crime, subsistence sex work, and physical or mental health challenges. Meanwhile, the increasing prevalence of drug checking services is offering evidence that <u>these can reduce risk of drug toxicity</u>. Therefore, we call for services aimed at minimizing exposure to unregulated and potentially toxic drugs: safer supply programs and drug checking services. These can be implemented in parallel with supervised consumption sites.

Finally, with <u>6.000 households on the wait list</u> for affordable housing in Calgary, we urge all levels of government to activate all available means for the Housing Affordability Task Force. Neither supervised consumption nor toxic drug replacement will address the traumas faced daily by people who lack safe shelter. And we know that people experiencing houselessness are at <u>elevated risk of drug poisoning</u>. Solving this will require significant ongoing commitment to affordable housing from all levels of government.

Given the evidence that forcing or coercing people into addiction treatment is both <u>ineffective</u> and <u>even deadly</u>, access to any of these services should not be conditional on enrollment in treatment. Meanwhile, law enforcement should be removed from treatment, given the coercion inherent in any interaction with law enforcement.

As a city, we have chosen to watch unregulated drugs and housing challenges evolve and expand into their current crises. As a community, we must choose to face the situation with care and compassion by distributing access to supervised consumption services, opening safe supply programs and investing in affordable housing across Calgary thus providing more safety and security of all residents and vulnerable people.

Signed,

Beltline Business Improvement Area Beltline Neighbourhoods Association Crescent Heights Community Association EACH+EVERY: Businesses for Harm Reduction

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