



FACT CHECK: DISPELLING MYTHS ABOUT SUPERVISED CONSUMPTION SITES

MYTH: Supervised consumption sites normalize drug use

FACT: A wide range of health and social harms are associated with illegal drug use. Supervised consumption sites (SCSs) are an integral part of a harm reduction strategy that focuses on limiting the adverse consequences of substance use. While building non-judgmental and supportive relationships between substance users and health-care providers, SCSs help individuals stop using drugs when they are ready.

MYTH: Supervised consumption sites make it easier for people to get drugs

FACT: SCSs *do not* provide illegal drugs to users. An SCS is a place for people to use the drugs they have in the presence of a trained health-care provider, often a registered nurse.

MYTH: The new federal law¹ makes it too easy to open these sites in any neighbourhood and provides no option for community consultation

FACT: The Supreme Court of Canada gave the federal government specific directions to use evidence-based decisions when granting or denying an exemption to a proposed SCS under the *Controlled Drugs and Substances Act*. The new law, Bill C-37, adheres to the court's unanimous ruling and continues to make community consultations necessary before any SCS can open.

MYTH: Supervised consumption sites will make safe neighbourhoods unsafe

FACT: Vancouver's Insite clinic has been operating since 2003. Research into the community impact of Insite, and other similar programs around the world, shows that SCSs have a positive effect on community safety: reducing the rates of public drug use and discarded supplies without increasing substance use, violence or property crime.

¹ [Bill C-37, An Act to Amend the Controlled Drugs and Substances Act and to Make Related Amendments to Other Acts](#), as passed on February 15, 2017.

MYTH: Supervised consumption sites take resources away from other parts of the health-care system

FACT: While SCSs focus on reducing the adverse consequences of substance use, it is important to point out their cost-effectiveness. As one example, illegal drug use is often linked to the spread of infections such as HIV and hepatitis C. Given that the estimated lifetime cost for treating HIV is \$200,000 to \$300,000 per person, those are future expenditures SCSs can prevent. Each day these sites also decrease health-care costs by reducing the number of emergency department admissions.

MYTH: Harm reduction is a temporary band-aid solution and cannot replace long-term treatment and prevention

FACT: Harm reduction is not a band-aid solution. Although it includes abstinence as an option (if and when the person is ready), harm reduction recognizes that abstinence is not always realistic for a person with addictions. Harm reduction programs are often the first point of access to safe treatment and prevention resources for persons who use illegal drugs. Harm reduction approaches like SCSs are an early, important part of a substance user's recovery process and their access to other primary care services.

MYTH: The previous legislation,² which had 26 criteria for authorizing a new site, was much stronger than the new law with only five benchmarks

FACT: The 26 criteria listed in the previous legislation, Bill C-2, did not support improved health for communities or individuals. Instead, they acted as a *barrier* to access for care to prevent harm and improve health. Excessive barriers to opening SCSs, as the current opioid epidemic shows, leave substance users and health-care providers on their own to find solutions. Some of these solutions, such as pop-up SCSs, have decreased overdose rates and improved access to care. Without SCSs, we see an increased risk of overdose-related death and more substance use in other locations such as public washrooms.

MYTH: The opioid crisis only affects people with addictions

FACT: The opioid crisis affects all Canadians. It is devastating communities, taxing first responders and health-care facilities, and leading to an overwhelming number of deaths. It is killing teenagers who make a single mistake, creating orphans out of children whose parents die by accidental overdose and killing people who have recovered and relapsed. The opioid crisis is everyone's problem.

² Bill C-2, [An Act to Amend the Controlled Drugs and Substances Act](#), received royal assent on June 18, 2015.