



Impact: A socio-economic review of supervised consumption sites in Alberta

Alberta Health, Government of Alberta

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Submitted to the Government of Alberta by the Supervised Consumption
Services Review Committee

Executive Summary

In the spring of 2019, the Government of Alberta announced a freeze on funding new supervised consumption services (SCS) sites pending a review of the socio-economic impacts of existing and proposed SCS sites on their host communities. In September 2019, a SCS Review Committee was established to conduct a series of public consultations and to review the available documentation relating to those sites. The review was conducted using a mixed method approach, which included the collection of both quantitative and qualitative data, using convenience sampling from multiple sources. Applicable data and analyses were generally limited to a 250 to 500 metre radius of existing and proposed SCS locations, except where other comparators were required to provide context. This report summarizes the findings following broad public consultation.

During the public consultations, the Review Committee was made aware of numerous concerns of residents living near the respective sites. Although stakeholder feedback on the socio-economic impact was mixed, it was predominantly negative, except for the Edmonton town hall meeting. The issues raised ranged from increases in needle debris to increases in crime, and increases in overall social disorder since the sites opened. The Review Committee was also made aware of issues relating to the operations and oversight of various sites.

Alberta Health advised the committee that approximately 6,541 adverse events had been responded to at these sites since they began operating in Alberta in October 2017.

Among the specific concerns raised, the Review Committee particularly noted the following:

- Serious questions had been raised concerning the level and adequacy of the consultation process some site operators used to obtain their site exemptions under Section 56.1 of the *Controlled Drugs and Substances Act*.
- While there were no deaths recorded among people who used drugs at the SCS sites, death rates in the immediate vicinity of the SCS locations increased. Opioid-related calls for emergency medical services (EMS) also increased in the immediate vicinity following the opening of the sites.
- In many cases, “adverse events” (even if non-life threatening or minor) are reported as overdoses, and the term “reversal” is used even when the response was a simple administration of oxygen. This leaves the public with an inference that without these sites thousands of people would fatally overdose or no longer be alive. Comparatively rare cases resulted in the use of naloxone. As a result, the committee became concerned with issues of transparency and accountability with the regards to the way overdose reversals are tracked and reported. The committee finds this misleading and the ambiguity and faulty reporting cannot responsibly make such a determination.

- Non-opioid substance use, specifically methamphetamine use at some SCS sites, increased substantially and numerous residents complained about aggressive and erratic behaviour of substance users leaving the sites.
- Except for Edmonton, crime, as measured by police calls for service, generally increased in the immediate vicinity in contrast to areas beyond the immediate vicinity of the sites. Residents complained about the lack of response to calls for service by police. Site users and operators typically believed that the Section 56.1 exemption allowed for a no-go zone for police within the proximity of the site. Evidence suggested a level of “de-policing” near some sites.
- Needle debris was a substantial issue with many residents complaining about used and unused needles, broken crack pipes and other drug-related paraphernalia being discarded in the vicinity of the sites and in public areas near the sites.
- A striking observation was the advocacy in favour of these sites, by SCS staff, at every town hall meeting, particularly the two Edmonton town hall meetings.

The Committee heard reports of inadequate oversight and the lack of accountability mechanisms at the sites. Record keeping at the sites was and continues to be reportedly inconsistent, standardized definitions of concepts such as adverse events were absent, and no mechanisms appeared to be in place to assess the veracity of periodic reports submitted by the sites to Alberta Health.

The Committee became concerned with the lack of focus on referrals to detoxification and treatment resources. Where it was suggested that referrals were made, no evidence was found to support action taken to follow up on such referrals.

Except for Edmonton, stakeholder feedback predominantly suggested that the SCS have had a negative social and economic impact on the community. In Edmonton, however, there were reports that stakeholders felt intimidated and were prevented from expressing their true sentiments and opinions about these sites out of fear of retribution from site supporters. The Review Committee also learned about questionable practices (for example, introducing non-injection users to injection practices by SCS staff); the use of 40 naloxone reversal kits by a single client; the alleged misrepresentation of site statistics; and an apparent under-utilization of the full scope of care while inappropriately favouring harm reduction. The Review Committee also noted that there were several potential liability issues for sites and staff arising from the information that had been provided.

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Chapter 1

Background and Introduction

Alberta has been experiencing a public health crisis related to the harms and deaths associated with opioid use. From January 2016 until December 2018, it is estimated that 2,053 Albertans died from an opioid overdose.¹ One of the actions taken by the government of the day was to establish supervised consumption services (SCS) sites in communities with a demonstrated need. SCS are public health services originally created to provide a safe, hygienic environment where people can use pre-obtained illicit drugs in the presence of trained staff who can respond in the case of an adverse event, such as an overdose. The SCS are also meant to be pathways to connect clients to health care and other social services.

Seven SCS sites currently operate legally in Alberta — four in Edmonton, and one each in Calgary, Lethbridge and Grande Prairie.² The sites have been operating for varying amounts of time, with the majority having been open for more than 12 consecutive months. Additional SCS sites are proposed for Medicine Hat and Red Deer, as well as a mobile site in Calgary. An overdose prevention site (OPS) is currently operating in Red Deer as a temporary measure.

The opening of SCS sites and OPS in Alberta have had a significant impact on their host communities and many residents are divided on the sites' presence. The impact on community members has been such that residents, community organizations and businesses have mobilized in opposition. The concerns expressed were of sufficient scale to prompt action from the current government.

Although the Government of Alberta (GOA) is the primary funder of SCS, operators are not restricted from seeking external funding. For current and prospective SCS, the GOA also funds risk mitigation such as needle collection and disposal (e.g., sharps boxes), public awareness/community projects, and training on safe disposal.

There is currently no specific mechanism or defined criteria for provincial funding for a proposed SCS site. Alberta Health,

however, requires copies of the federal exemption application and, when granted, the federal exemption. Site operators are required to submit reports consistent with federal exemption criteria and consistent with the granting conditions approved by the GOA.

Mandate of the Committee and Purpose of the Review

In the spring of 2019, the GOA announced a review of the socio-economic impacts of existing and proposed SCS sites on their host communities. For the purposes of this review, socio-economic impact was defined as the overall effect (direct or indirect) of a SCS site on a community, from both an economic and social perspective. An expert committee (the SCS Review Committee) was appointed to lead this review, which would include engagement with a broad range of stakeholders. The committee was comprised of experts in business, real estate, population economics, social demography, research ethics, lived experience, addiction and recovery, harm reduction, First Nations health, mental health, trauma, pain management, law enforcement, crime reduction and justice.

Committee Membership:

- Rod Knecht, Chair
- Dr. Geri Bemister-Williams, Vice-chair
- Dr. Charl Els
- Joan Hollihan
- Dr. Rob Tanguay
- Dr. Ray Baker
- Dr. Paul Maxim
- Steve Cormack

The Committee was tasked to collect both qualitative and quantitative data based on the following descriptions of social and economic impacts:

- Social impacts – factors that influence or effect social change, including but not limited to: changes in crime rates (property, drug trafficking, prostitution, personal safety or other, recidivism rates), policing levels/law enforcement activity, changes in amount of needle debris, general social conditions and well-being, calls to emergency services, changes to neighbourhood environments (visual), quality of life, and changes in numbers of opioid-related deaths.

1 Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health. Available online at: alberta.ca/opioid-reports.aspx

2 Possession of controlled substances is prohibited under the *Controlled Drugs and Substances Act (CDSA)* in Canada. To operate a SCS for medical purposes, an exemption is required under section 56.1 of the *CDSA*.

Health Canada has the authority to grant exemptions for supervised consumption sites after the proposed site operator has satisfactorily completed an application. A key element of the application includes consultation with a range of community stakeholders.

- Economic impacts – factors that influence or effect economic change including but not limited to: business revenue/profits, business closures and openings, personal wages, jobs, traffic to local businesses, changes in business and residential property values, and cost/benefits of providing SCS (including staffing and facility costs vs. impact on health services).

The following items were identified as specifically out of scope of the Committee's mandate:

- The merits of SCS as a harm reduction tool.
- The need for SCS in communities with both existing and proposed SCS sites, as needs assessments have already been completed.
- The provision of SCS in other communities outside of the seven existing sites and three proposed sites.
- Provincial funding levels for SCS.
- Other social issues such as housing and homelessness.

Objectives of the Review

The objectives of the review were:

- To minimize the adverse social and economic impacts of existing SCS sites on local neighbourhoods.
- To help inform decisions around the establishment of future SCS sites and reduce the potential for negative social and economic impacts.
- To help inform a provincial policy that outlines required criteria for provincial funding of SCS.

The SCS Review Committee was charged with presenting its findings to the Associate Minister of Mental Health and Addictions for consideration by December 2019.

Method

This review used a mixed method³ research approach, which included both quantitative and qualitative data. Data were collected concurrently from multiple sources. Convenience sampling was employed. Questions, research methods, data collection and analysis, as well as the interpretation of data, were integrated at multiple stages in the process. Applicable data and analyses were generally limited to a 250 to 500 metre radius of existing and proposed SCS locations except where other comparators were required to contextualize the findings.

3 Teddlie C. and Tashakkori A. (2003). "Major issues and controversies in the use of mixed methods in the social and behavioural sciences." In: Tashakkori A. and Teddlie C. (Eds.), *Handbook of Mixed Methods in Social & Behavioral Research*. Thousand Oaks, CA: Sage.

Data Collection

Town Hall Meetings

Albertans were engaged in a series of town hall meetings. At each meeting, two questions were posed to attendees, as formulated by the SCS review secretariat:

- "How do you think the SCS has impacted your community, either positively and negatively?"
- "What do you think are the solutions to negative impacts?"

Meetings were held in the following locations: Medicine Hat (September 3, 2019), Lethbridge (September 5, 2019), Red Deer (September 10, 2019), Calgary (September 11 and 12, 2019), Grande Prairie (September 16, 2019), and Edmonton (September 18 and 19, 2019).

Key Stakeholder Meetings

Beyond the town halls, meetings with key stakeholder groups were also arranged. In-person meetings or teleconferences were scheduled by either invitation, or request by key stakeholder groups. For each presentation or meeting, a maximum allotment of one hour was provided. The presentations came from stakeholder groups such as business associations, community organizations, SCS operators (current and proposed), law enforcement, harm reduction agencies and advocacy groups, Emergency Medical Services (first responders), the medical community (including mental health and addiction providers), and other health and social service organizations that provide wrap-around services (housing organizations, counselling, recovery colleges, etc.). The Review Committee also heard from current SCS clients and others with lived experience, including former clients/patients, family members, and friends, individual business owners and local area residents, community, business and neighbourhood associations, and politicians (from local to provincial to Indigenous to federal government, including city managers, mayors, MLAs and MPs). Groups unable to attend were asked to provide a written submission to the committee or to fill out an online survey.

Online Surveys and Submissions

An anonymous online survey was created for Alberta residents. The online survey was designed to obtain high-level, non-identifying demographic information such as:

- If the respondent lived or owned a business within a 2 kilometre radius of a SCS.
- If they have been a client of a SCS.
- If they had accessed businesses located near a SCS.

In the general survey, respondents were asked questions about their perceived impact of SCS sites on their local community. Area residents were asked different questions than business owners. These surveys were available for completion

on-site during town hall meetings, or by accessing a widely disseminated online link at another time. The survey was open from September 3, 2019, to September 30, 2019.

Albertans were also encouraged to provide written submissions to the SCS Review Committee via email. All emails were categorized according to community of the writer. Written submissions were accepted from September 2, 2019, to September 30, 2019.

A separate online survey was designed for first responder-agencies in cities with SCS. These agencies included police, fire, emergency medical services, medical first responders, and peace and bylaw officers. The purpose of the survey was to gain the perspective of front-line first responders regarding the social and economic impacts of SCS sites. The survey ran from October 11, 2019, to October 31, 2019.

Other Data Sources

Beyond eliciting input from community members, the Review Committee also requested other documentation. This material included copies of the periodic reports that site operators submitted to Alberta Health, information on known overdose deaths, EMS calls for service, police statistics and sociodemographic characteristics of the site locations. We also sought data relating to local businesses. Unfortunately, some material requested by the Review Committee (such as information on prosecutions) was unavailable due to time and logistical constraints. Where possible, the Review Committee requested that the data be broken down by proximity to the sites. Further details of the Review Committee’s consultations and data requests are provided in Appendices II-VII.

Assessing SCS

Assessing the impact of the SCS sites on local communities was challenging. Comparing provincial economic trends is of little value when conducting a simple before and after comparison at the SCS level. Therefore, where possible, we have attempted to compare before and after trends in neighbourhoods of interest with other parts of the community. We are interested in knowing if trends near a SCS have paralleled or diverged from similar trends elsewhere in the community.

A pragmatic model of comparison, useful under these circumstances, is depicted in the figure below. The key comparison is the first row depicting changes within 500 metres of the SCS. If, for example, crime rates increase after the opening of the SCS, then D_1 will be positive, since O_2 will be larger than O_1 . On the other hand, if all the comparator values (that is, D_2 , D_3 and D_4) show a similar pattern, then it would be hard to conclude that it was the SCS that was responsible for increased crime rates.

Table 1

Location	Period		Difference
	Before	After	
Within 500m of SCS	O_1	O_2	$D_1 = O_2 - O_1$
Within 500m to 2 km	O_3	O_4	D_2
Remainder of city	O_5	O_6	D_3
Rest of Alberta	O_7	O_8	D_4

On the other hand, if D_1 is significantly higher than the other comparator values, we would have reason to consider the introduction and operation of the SCS to be responsible (at least in part) for the increase in the measured variable (e.g. crime rates). Observing a trend at any single SCS might just be a “one off.” However, if the change appears at all or at most SCS, there is a more compelling reason to suggest that SCS had an impact.

Chapter 2

Identifying Albertans' Concerns

In conducting its review, the Committee collected both qualitative and quantitative data. Qualitative data consisted of material such as commentary and presentations from the town hall meetings (eight meetings in six cities) and key stakeholder meetings. Mixed qualitative and quantitative data originated from the online surveys and submissions, prior consultation data, secondary data sources such as police statistics, and a review of other material submitted by stakeholders.

The committee sought input from stakeholders and others about what they considered the most important site-specific issues related to the socio-economic impact of each SCS site on the local community. The Committee analyzed comments from town hall meetings, community submissions and qualitative responses to the online questionnaires, then identified several general themes. The issues of crime, disorder and debris as well as saving lives, treatment and recovery were raised in abundance across all forms of data acquisition.

After analyzing the individual items from the many qualitative data sources, concerns fell into eight general categories or themes:

- Public Safety;
- General social disorder;
- Consultation/communications issues;
- Appropriateness of current response;
- Concerns with access to treatment;
- Homelessness;
- Economic impacts on property and businesses; and
- Concerns with site operation.

The themes spanned the different sites. Site-specific issues are addressed later in this report.

Public Safety

The rubric of public safety includes several specific issues. One is that of crime, specifically property crimes, crimes against persons, drug trafficking and public indecency. Currently, selling, distributing and possessing substances listed in the *Controlled Drugs and Substances Act* near a SCS site is a criminal offence. As with many activities that constitute an underground or “black market,” other activities that support that market are also associated with criminal activity.

While most drug users are not homeless or economically marginalized, many drug users fall into that category. To support their use, many turn to marginal or criminal activities to pay for their drug supply. Typically, those activities range from panhandling to theft, robbery, fraud, prostitution or the secondary distribution of illicit substances. Persons selling drugs—drug dealers—will also engage in crimes such as assault or intimidation to collect debts incurred by drug users.

Since street crime is typically highly visible, residents become aware of its occurrence and are concerned about its effect on their safety and quality of life, whether or not they are a direct victim. The relationship between illicit substance use and secondary criminality is generally accepted. The question for the committee was, does the existence of a SCS site in a particular location have an additional effect on crime near the SCS site? Although the committee heard opinions that the existence of a SCS reduces crime or, at worst, has no impact on drug-related criminal activity in the immediate area, the preponderance of evidence provided by area residents and officials demonstrates that criminal activity near SCS has increased. Residents at every location informed the Committee that the SCS sites act as a “magnet,” attracting persons who are addicted to substances, whether they consume the substances at the site or not. It was reported that increased concentrations of drug users also attract drug dealers who, in turn, attract more drug users. SCS, therefore, are assumed to geographically concentrate the street-level drug market and other criminal activities. The Committee finds this to be credible.

Another major public safety issue identified was harassment in public areas. This was a concern raised by residents in SCS neighbourhoods, as well as business owners and their customers. Many residents, including minors, reported being approached for money (panhandling), solicited for prostitution, or being subject to verbal or physical assaults and intimidation. Numerous residents complained about drug users urinating or defecating on their property, or in front of their businesses, as well as uttering profanities or making rude gestures to community members and patrons of local businesses. Many reported that this resulted in a fear of using public spaces or supporting the business in the area. Parks, public libraries, stores and restaurants were reported as either not being used, or were being used far less than previously by community members, especially children and the elderly.

Concerns were also raised that the exemptions to the legal possession of illicit substances at the SCS resulted in a lack of law enforcement in areas adjacent to the sites. Specifically, presenters indicated that there was often little response when police were called. The Committee was also told by some senior police officers that Crown and Prosecution Services were not processing cases of trafficking, possession of a controlled substance, or possession of stolen property within the immediate proximity of a SCS. The sentiment was that this lack of enforcement was unfair and undermined many citizens' confidence in the criminal justice system. Other stakeholders expressed concerns with potential vigilantism. Some community members outlined the level to which they are forced to go to keep themselves safe in their own communities. For example, some have attempted to deter property offenders by installing razor blades under the door handles of their sheds and vehicles.

In addition to reported public safety concerns, numerous stakeholders expressed concern about the lack of stability of many drug users leaving the SCS/OPS areas while under the influence of the consumed substance. Especially concerning was the use of methamphetamine where drug users frequently exhibited erratic and aggressive behaviour upon exiting a site, immediately after use.

General Social Disorder

There are several forms of social disorder that do not constitute criminal behaviour. These include matters that citizens perceive to degrade the overall quality of life in their community. An example was the problem of discarded needles and other drug paraphernalia. The preponderance of the reports suggested increased exposure to needle debris in both public and in private spaces. Needle debris was the issue most cited by both opponents and supporters of SCS.

The distribution of clean needles is a key activity for most SCS operations. Many SCS operations originated as needle exchange harm reduction programs, where they supplied clean needles to reduce the spread of blood-borne diseases such as HIV and hepatitis. Few sites currently act as full-fledged needle exchanges (in the sense of exchanging one-for-one) and instead simply distribute clean needles. Currently, there are no universal or standardized guidelines for needle distribution practices in Alberta. Consequently, the Committee heard that policies were developed and set locally, and these varied considerably. One site limited distribution to 5-10 needles per visit while other sites distributed up to 200 to 500 needles to individual users per visit.

While some drug users returned used needles to a SCS site or deposited them in publicly available sharps containers, many others simply dropped used needles where they were used. The Committee also heard reports of vast numbers of new or unused needles being found abandoned in public spaces (e.g. parks, school grounds, sports facilities, public restrooms).

All SCS sites consulted by the Committee were aware of the needle debris issue. Most had organized clean-up crews that patrolled the local environment, picking up abandoned paraphernalia, several times per day. Some municipalities also had 211/311 numbers that citizens could call to have city workers clear the debris.

Both town hall meetings and online surveys both reported the risk of "needle pricks" (needle-stick injuries) as a significant concern. Parents were particularly anxious about their children accidentally pricking or injuring themselves with a used needle. The matter is reportedly sufficiently problematic that some schools had implemented "needle patrols" where persons checked school grounds for used and discarded needles before school children arrived for the day. The Committee also heard several accounts of some needles being discarded in a fashion so as to intentionally prick either a passer-by or a member of a clean up crew. In several town hall meetings, presenters who identified themselves as medical professionals minimized the risk of contagion of hepatitis or HIV, if a child or someone else was accidentally injured by a needle. The incongruence between that stance and the position justifying freely distributing needles to reduce the spread of blood-borne diseases among drug users became evident from the stakeholders' response.

Other general social disorder matters identified included the discovery of human feces and urine on streets and in doorways, along with loitering, panhandling and personal harassment. Tent cities and other temporary housing, such as shopping carts with used cardboard for shelter set up in alleys and doorways of businesses, also contributed to the overall perception of social disorder.

Consultation/Communications Issues

To obtain an exemption from Health Canada under Section 56.1 of the *Controlled Drugs and Substances Act*, potential service providers and operators of SCS sites are required to submit an application that involves several steps. A key element is that "an application includes consultation with a broad range of people in the community."⁴ All operators who had acquired an exemption from Health Canada had reportedly performed such a consultation, as required by the granting agency. However, the Committee heard numerous times that the consultations were either not carried out as claimed, were incomplete, or were not within the common notion of what constitutes reasonable consultation. Some agencies also reported to the Committee that they were originally consulted, or asked to serve on the coalition, but were subsequently ignored. For example, in Medicine Hat, it was reported that law enforcement agencies were left out of the consultation to move the proposed site from the original approved SCS location. The Committee finds the reports of a lack of consultation to be credible.

4 canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/apply.html Last accessed October 9, 2019.

As part of a good neighbour policy, some site operators also maintain links with community groups and provide statistics and general information to government and the public. Although some sites rely heavily on usage data to justify their effectiveness, the Committee heard an abundance of complaints regarding site operation and the release of questionable or misleading data. The Committee analyzed reports received directly from service providers and found discrepancies in reported numbers and statistics. These discrepancies included critical information such as the numbers of unique users of the SCS sites and the operationalization of terms such as what constitutes an intervention or an overdose. The Committee finds this to be credible and concerning, and urges government to consider audits of these contracted service providers.

Appropriateness of Current Opioid Crisis Response

Supervised consumption services sites were designed to address an “opioid crisis.” In Alberta and the rest of Canada over the past several years, overdoses and deaths linked to opioid abuse were increasing at a significant rate.⁵ One response to that crisis was the introduction of SCS. The underlying concept was that individuals who consumed non-prescribed opioids (heroin, oxycodone, fentanyl, etc.) could consume illicit drugs in an environment that would provide sterile needles and associated paraphernalia, and would provide oversight and medical care in the event of an overdose.

Furthermore, as street drug use included a broader range of non-opioid substances, such as methamphetamines, the consumption of those compounds could also fall within the realm of the sites. The Committee also heard from drug users, police officials and SCS site personnel that many “street drugs” include substances, such as fentanyl, not known to the drug user. As a result, what users think is one substance sometimes contains other toxic substances.

Many people suggested that the model was failing because SCS were not serving as gateways to detoxification, treatment and recovery programs, which were ultimately seen as solutions to the drug crisis. The Committee heard and observed that treatment for addiction (substance use disorder) was not being addressed through most of the SCS. The existing SCS model was described as inadequate when dealing with the complexities faced by drug users, and that little support was provided to help users to improve their situation and move toward wellness. The Committee heard from several contributors that the SCS model appeared to be guided by the approach of “permanent maintenance” of drug use rather than recovery.

5 See for example, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*, Edmonton, AB: Analytics and Performance Reporting, Alberta Health. Available online at: alberta.ca/opioid-reports.aspx

Questions were raised about whether allowing for the supervised consumption of non-opioids (such as cocaine and methamphetamines) fit within the original mandate of the sites, which was to respond to the possible transmission of blood-borne diseases through the re-use of needles, and to address opioid overdoses from a toxic supply of drugs.

Concerns with Access to Detoxification Services and Treatment

An issue raised, particularly within the town halls, was the difficulty drug users faced in accessing detoxification services, residential psychosocial treatment programs for addiction, and other forms and levels of care and treatment. Many individuals experienced difficulties, both real and perceived, as they sought to gain access to treatment through a SCS site, as well as independent of a SCS site. As a result, there was a concern about the lack of local availability and a lack of direct and immediate access to treatment services. Issues raised time and again included long waitlists to enter treatment, onerous application processes, and a lack of space when facilities were nearby.

Police officials indicated that having somewhere to take individuals other than cellblocks would be helpful. They noted that, often, jail was not suitable for these individuals, but that they were not unwell enough for hospital urgent care. Concerns were not limited to drug treatment programs, but were also directed toward obtaining mental health programming, other medical treatment and integration with social services, such as housing, employment and life-skill programs.

Issue of Homelessness

Although homelessness was identified as not part of the review, given their locations and their intended target populations, SCS and their clients are inextricably linked to the issue of homelessness and economic marginality. While it is likely that most drug users are not homeless, a significant portion of SCS clients fall within that demographic. Many proponents as well as opponents of SCS maintained that much of the perceived social malaise associated with SCS was linked, not just to drug consumption, but also to the consequences of homelessness. In the minds of many citizens, the appearance and especially the location of tent cities was linked to the location of SCS.

Economic Impact on Property and Business

The location of most existing SCS sites was perceived by many as having an impact on local property values and business income. On the negative side, it was asserted that the SCS served as a magnet that attracted drug users and drug dealers into the neighbourhood. As this population purportedly

increased, crime and social disorder reportedly increased, thus causing property values to decline. Business owners also indicated that the overall level of crime and social disorder had a direct effect through property theft and an indirect effect through the reluctance of customers to visit the area through fears of victimization, harassment and one's general personal safety.

Others, however, maintained that issues relating to declining real estate values and business income were simply a consequence of broader trends in the local or Alberta economies, and that the relationship with SCS was largely spurious. Furthermore, many presenters noted that it was because of the pre-existing level of drug use within those neighbourhoods that made the decision to locate the SCS at that site effective.

Questions about Site Operations

The Review Committee heard concerns about the operation and supervision of the SCS in general. Several citizens and organizations questioned the wisdom of allowing non-profit and non-medical organizations to operate the SCS, as opposed to a government agency such as Alberta Health Services (AHS). In its review and with discussions with site operators, the Committee became aware of concerns with issues of site governance, a lack of accountability, and a lack of standard operating procedures (SOPs). Where SOPs did exist, they were reportedly created “on the fly” and were site-specific with limited standardized approaches. The Committee was also concerned with reports of late and inconsistent financial reporting, obtuse reporting mechanisms and no clearly identifiable oversight body.

In interviews with Alberta Health personnel, the Committee noted that some Alberta Health staff believed the responsibility for oversight rested with Health Canada and that the sole responsibility of Alberta Health was to provide funding. In reviewing Health Canada's guidelines, however, the Review Committee learned that the guidelines provided by Health Canada outlined a general mandate only and did not address issues of governance, oversight or operating procedures.

Chapter 3

Assessment: General Issues

This chapter provides an assessment of the possible impact that the SCS sites have on their local communities based on the themes identified in the previous section. This is a broad-based analysis employing a combination of qualitative and quantitative data that were available to the Committee.

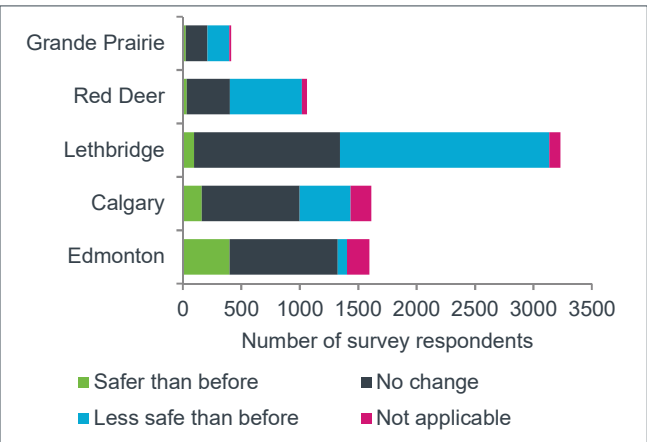
Social Disorder

A major difficulty in assessing the impact of a SCS on a community is accounting for the pre-existing level of social disorder that may have previously existed. Locations for SCS are chosen specifically to be close to their target population, many of whom are homeless. Ideally, SCS reduce street drug use. Site proponents argue that by providing a safe, non-stigmatizing environment, drug users will use the SCS rather than consume their substances on the street or elsewhere in unsafe settings. During the site reviews, it became evident to the Committee that a significant amount of drug use and illicit drug dealing continues near SCS sites.

Both those supporting and those opposing SCS noted the complexity of the issues driving social concerns in the affected areas. Homelessness and other social problems have reportedly been increasing throughout the province of Alberta. For example, one respondent who did not live near a site noted, “There are already a lot of homeless people who linger around my neighborhood, thanks to the LRT... crime rates have skyrocketed.” A Red Deer resident noted that, “Business(es) have moved; however, the city has not done enough to address the crime and blame is put on these individuals who use the site as the reason for the crime. Most of the services for homeless and individuals with drug addiction are downtown close to this site.”

Other respondents highlighted the collateral consequences of homelessness and economic disadvantage and suggested that not enough was being done by government to mitigate the situation. Addressing the problem of people defecating and urinating in public (which was a serious complaint among residents and business owners alike), one person suggested that “Maybe [we should] make bathrooms for homeless people. Seriously, where... are they supposed to go to the washroom? They have no home and businesses don’t let them in and [urinating] outside is ILLEGAL so what are they supposed to do? Get fined?”

Figure 1: Perceived Change in Neighbourhood Safety After Site(s) Opening.



Source: Online resident survey

Q31d. In my home after dark: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home

One business owner in Lethbridge reinforced this perspective: “They [the homeless] need a place to use a bathroom and a place to go when they are sick. I had to personally ask people to leave our place of business. I reached for and received assistance from police, the shelter staff and the Mobile Urban Street Team. We changed environmental structures to discourage loitering and hiding of bottles, drugs, etc. I have to believe there is a solution for the businesses in the area that will come with assistance of all stakeholders coming together.”

The perceived inadequacy of local government’s response to the overall situation was a recurrent theme. As one Edmontonian wrote, “We have seen overdoses behind our building. We found used syringes on the sidewalk and back alley. We have seen encampment along the sidewalk on 105A and 100 Avenue. Homelessness is the biggest issue in this area, as having three injection sites in one small area is killing businesses.” As another area resident pointed out, “I have lived in the neighbourhood for six years and police presence is

almost nothing other than driving down 107 Ave. You should have beat and bicycle officers in the trouble areas. Include business like 7/11 and Circle K as these people consistently loiter outside.”

While sites are selected because of a perceived pre-existing social need, it is also the case that the sites and other associated social services nearby likely serve to further attract drug users. Sites signal to drug dealers that there is a concentration of potential customers; potential customers see the sites as a location where drug dealers are located. This is consistent with what economists call “signaling theory,” which explains why certain types of legitimate retail businesses, such as gas stations and restaurants, tend to cluster in certain parts of town.⁶

For the Committee, a crucial question was whether the location of SCS serves to exacerbate an existing social problem, or minimize the problem or, perhaps, has little to no effect.

Impact of Consumption in Public

A prime question facing the Committee was this: what proportion of the local drug user community avails themselves of the SCS? To answer this definitively, the Committee would need a census of people who currently use drugs and potential clients who live near the site. Unfortunately, that information is not currently available. The Committee can, however, gain some insight into the problem by looking at site user statistics.

A nominal goal of the SCS sites is to provide a safe location where drug users can consume without fear of social derision, or the negative consequences relating to either overdoses or “bad” supplies.⁷ Beyond supporting the drug user, one could assume that drug consumption would shift from the public sphere into a secure, private location. Ideally, this would also have the side benefit of reducing the amount of drug-associated detritus in public locations. Needle debris and other discarded drug paraphernalia, it should be noted, are a major concern raised by residents presenting to the Review Committee.

The degree to which SCS sites serve the community of people who use drugs is an open question, since limited research has been conducted to estimate the size of that population in most communities.⁸ The fact that there is a need for needle

pick-up hotlines along with an array of clean up crews working within the proximity of SCS sites suggests that there are many users who prefer not to use a SCS.⁹ In fact, given that clean up crews retrieved hundreds of discarded needles per day in the proximity of the sites, it appears that only a minority of users avail themselves of the facilities. This conclusion is supported by the numerous photographs and video recordings provided by various groups and individuals who appeared before the Review Committee. It should also be pointed out that during short visits to the sites, Review Committee members often saw users injecting themselves in public spaces adjacent to the sites.

Site operators report the total number of visits or “uses” at a given site as an indication of the need for their services to the user community. In a report to Lethbridge City Council in August 2019, for example, ARCHES noted that, “Since ARCHES SCS opened on February 28, 2018, up to July 31, 2019, there have been a total of 267,754 visits.”¹⁰ It should be noted that the ARCHES-run site in Lethbridge is the busiest in Alberta and has claimed to be either the first or second busiest site worldwide. The number of visits is certainly impressive; however, the interpretation of this information is difficult and the actual number of persons served is uncertain.

One indicator of the relative use of SCS is to compare the number of unique users with whom the sites have had contact within a specific period to the average number of users per day. As Table 2 on page 10 illustrates, this varies considerably by site. For example, in Lethbridge, the reported number of unique users for the period of October 1, 2018, to March 31, 2019, was 887, with an average of 135 unique users per day. This would suggest that only about 15 per cent of the individuals having visited the site during that period used the site on any given day. While serving 135 individuals per day is clearly not insignificant, it suggests a different order of social impact than citing over a quarter million total visits. In Calgary, there were 2,877 unique visitors during the same six-month period, but only an average of 96 unique individuals used the site per day. Thus, only about 3 per cent of the individual users who had visited the site during that six-month (October to March 2019) period used the site on a given day.

The immediate question thus becomes: Where are the other 752 site-known Lethbridge drug users or the 2,781 site-known Calgary users consuming their drugs? These numbers also do not include other users known to the sites who have visited in other periods, or individuals who have chosen not to visit the sites. Several current and former drug users who appeared before the Review Committee indicated that they preferred not to use the SCS. Even some drug users who verbally supported the sites noted that they often injected themselves outside a SCS.

6 See, for example, Pennersorfer, D. and C. Weiss (2013) “Spatial clustering and market power: Evidence from the retail gasoline market.” *Regional Science and Urban Economics*, 43: 661.; McCann, P. (2002) *Industrial Location Economics*, Cheltenham: Edward Elgar; Eaton, B.C. and R.G. Lipsey (1979) “Comparison shopping and the clustering of homogeneous firms.” *Journal of Regional Science*, 19: 421.

7 One of the functions Health Canada suggests that SCS sites will provide is “drug checking to detect adulterants using methods such as fentanyl test strips” canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites.html. It appears that no sites in Alberta provide this service.

8 What we do know, however, is that only about 18 per cent of deaths occur among users with “unstable housing.” Most deaths are users who are male, in their late 30s, and using alone at home. See: Government of Alberta (2019) *Opioid-related deaths in Alberta in 2017: Review of medical examiner data*. Edmonton: Alberta Health, Analytics and Performance Reporting.

9 According to ARCHES, “The centre hands out between 13,000 and 15,000 needles each month and approximately 97 per cent of the needles are returned. Roughly 400 needles are unaccounted for each month.” CTV News, Thursday, May 24, 2018. calgary.ctvnews.ca/dozens-of-used-needles-found-near-lethbridge-elementary-school-petition-calls-on-city-to-address-issue-1.3944229

10 ARCHES, *Report to Mayor and City Council*. August 12, 2019. Lethbridge.

Table 2: SCS site use by location

Site	Period	Total Uses	Unique Users in Period	Average Visits per Day	Average Unique Users per Day
ARCHES (Opened February 28, 2018)	Apr. 1, 2018 – Sept. 30, 2018	64,024	414	330	112
	Oct. 1, 2018 – Mar. 31, 2019	117,530	877	553	136
	Apr. 1, 2019 – Sept. 30, 2019	119,355	910	553	136
George Spady (Opened April 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	9,421	559	59	37
	Oct. 1, 2018 – Mar. 31, 2019	8,102	665	45	33
	Jan. 1, 2019 – Jun. 30, 2019	8,691	659	48	35
Boyle Street Community (Opened March 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	7,528	507	58	40
	Oct. 1, 2018 – Mar. 31, 2019	15,774	796	93	61
	Jan. 1, 2019 – Jun. 30, 2019	15,603	821	90	Not Reported Not Reported
McCauley Health Centre (Opened November 5, 2018)	Oct. 1, 2018 – Mar. 31, 2019	5,573	493	46	33
	Jan. 1, 2019 – Jun. 30, 2019	8,827	605	59	42
Royal Alexandra Hospital*	Apr. 1, 2018 – Sept. 30, 2018	1,278	148	7.3	0.8
	Oct. 1, 2018 – Mar. 31, 2019	3,095	247	20.7	1.4
	Apr. 1, 2019 – Sept. 30, 2019	2,663	331	20.8	2
Sheldon Chumir (Opened October 30, 2017)	Oct. 1, 2018 - Mar. 31, 2019	34,997	2877	152.9	95.9
	Apr. 1, 2019 - Sept. 30, 2019	33,208	3982	149.9	132.7
Grande Prairie (Opened March 11, 2019)	Mar. 11, 2019 - Sept. 30, 2019	4,972	166	24.4	0.81

*Note, figures for Royal Alexandra Hospital may include injectable opioid agonist therapy clients.

As Table 3 on page 11 indicates, the percentage of unique individuals who use a site on any given day in comparison with the total number of unique visitors within any six-month period ranges from reported a high of 27 per cent (Lethbridge, April 1- Sept 30, 2018) to 3 per cent (Calgary) or less (Grande Prairie). Again, the point here is that even among those selected individuals known to the sites, only a small proportion uses the sites regularly.

A primary reason for creating and licensing SCS was to mitigate the impact of opioid overdosing. The matter of opioid-related deaths became a significant public health issue when drugs such as oxycodone, fentanyl and carfentanil (which is a powerful derivative of fentanyl) started to replace more traditional substances, such as heroin, as the opioid of choice. These drugs are much more potent than heroin and small mistakes in dosing can result in greater risks of opioid overdose.

Statistics provided by the SCS sites, however, suggest that a large proportion of the substances consumed at the sites are not opioids. Except for a few sites, such as the OPS at Red Deer, some sites allow clients to consume other substances. To support this, a few sites are fitted with inhalation booths and fume hoods. Table 4 on page 11, for example, provides estimates of the percentage of times methamphetamine is used at each site.

Where consumption of multiple substances is permitted, methamphetamine constitutes up to 50 per cent of the drugs consumed. Using the period of October 2018 to March 2019 as an example, 37 per cent of the substances consumed at the Lethbridge site were amphetamines as opposed to an opioid, for which the SCS was arguably designed. At the George Spady site in Edmonton, 50 per cent of the substances consumed were amphetamines. The proportion of methamphetamine users varies considerably by site; however, what this does point out is that in a site such as the one in Lethbridge, the average number of daily opioid users is closer to 85 than the 135 indicated in Table 3. Similarly, in Calgary, the expected number of daily opioid users is around 53 rather than 96.

This is an important distinction to note because, unless the substance is adulterated, methamphetamine users are generally at less risk of dying from an overdose. While there may be a justification for allowing people using all types of drugs to consume in government-sanctioned locations, it should be kept in mind that the initial reason for providing exemptions under Section 56.1 of the *Controlled Drugs and Substances Act* was to address deaths due to *opioid* abuse.

Table 3: Extent of site use

Site	Period	Unique Users in Period	Average Unique Users per Day	Per cent Period Users per Day
Lethbridge ARCHES (Opened February 28, 2018)	Apr. 1, 2018 – Sept. 30, 2018	414	112	27.1
	Oct. 1, 2018 – Mar. 31, 2019	877	136	15.5
	Apr. 1, 2019 – Sept. 30, 2019	910	136	14.9
Edmonton George Spady (Opened April 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	559	37	6.6
	Oct. 1, 2018 – Mar. 31, 2019	665	33	5.0
	Jan. 1, 2019 – Jun. 30, 2019	659	35	5.3
Edmonton Boyle Street Community (Opened March 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	507	40	7.9
	Oct. 1, 2018 – Mar. 31, 2019	796	61	7.7
	Jan. 1, 2019 – Jun. 30, 2019	821	Not Reported	Not Reported
Edmonton McCauley Health Centre (Opened November 5, 2018)	Oct. 1, 2018 – Mar. 31, 2019	493	33	6.7
	Jan. 1, 2019 – Jun. 30, 2019	605	42	6.9
Calgary Sheldon Chumir (Opened October 30, 2017)	Oct. 1, 2018 – Mar. 31, 2019	2877	95.9	3.3
	Apr. 1, 2019 – Sept. 30, 2019	3982	133	3.3
Grande Prairie (Opened March 11, 2019)	Mar. 11, 2019 – Sept. 30, 2019	166	0.81	0.5

Table 4: Per cent methamphetamine use by site

Site	Period	Methamphetamine Users
ARCHES (Opened February 28, 2018)	Apr. 1, 2018 – Sept. 30, 2018	38.7
	Oct. 1, 2018 – Mar. 31, 2019	37.4
	Apr. 1, 2019 – Sept. 30, 2019	39.2
George Spady (Opened April 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	31
	Oct. 1, 2018 – Mar. 31, 2019	45
	Jan. 1, 2019 – Jun. 30, 2019	50
Boyle Street Community (Opened March 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	26
	Oct. 1, 2018 – Mar. 31, 2019	37
	Jan. 1, 2019 – Jun. 30, 2019	39
McCauley Health Centre (Opened November 5, 2018)	Oct. 1, 2018 – Mar. 31, 2019	6
	Jan. 1, 2019 – Jun. 30, 2019	27
Sheldon Chumir (Opened October 30, 2017)	Oct. 1, 2018 – Mar. 31, 2019	45
	Apr. 1, 2019 – Sept. 30, 2019	43.4
Grande Prairie (Opened March 11, 2019)	Mar. 11, 2019 – Sept. 30, 2019	24.1

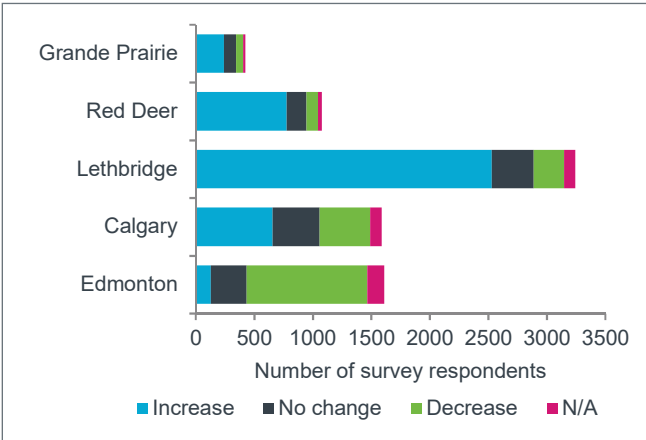
Beyond the impact of inappropriately discarded drug paraphernalia, the second most voiced complaint among residents was the bizarre behaviour exhibited by many individuals obviously under the influence of various substances. Many residents appearing both at the town hall meetings and privately before the Review Committee expressed fear and concern about individuals exhibiting erratic behaviour in public which are probably signs of methamphetamine use.

The impact of methamphetamine on the user can last for several hours. While some SCS have small facilities for users to remain on the site after consumption, most users are on the street long before the effects of the drug have worn off.

Needle Debris

The primary complaint the Committee heard from the public was about an increase in needle debris over the past few years. Most concerns related to exposure to used needles. However, in some areas, residents noted large numbers of needles and other drug-related paraphernalia including glass pipes (sometimes shattered) being discarded in public places. Needles were reported as occasionally still in their original packaging. Beyond the aesthetics of the situation, residents were particularly concerned about the possibility of either themselves or their children being accidentally pricked by a used needle or cut by a broken pipe.

Figure 2: Perceived Change in Needle Debris After Site(s) Opening.



Source: Online resident survey

Q27b. Discarded needles or syringes lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in this activity?

Because of the high volume of discarded paraphernalia, most communities have mobilized clean up crews scouring parks and other public areas for debris. In some locations, formal clean up crews, volunteers and parents check schoolyards

and playgrounds for needles before allowing children to use these community facilities. Several instances of residents being accidentally injured by needlesticks were reported to the Review Committee. Some residents noted that, occasionally, needles appeared to have been strategically placed to enhance the likelihood that someone might stick themselves.

People expressed concern that needle debris is likely a consequence of the increase in overall drug use regardless of the operation of a SCS-related unit in their neighbourhood.¹¹ It should be recalled that many SCS site operators and other NGOs had been distributing needles for several years before any SCS opened, attempting to combat the spread of blood-borne diseases such as HIV/AIDS and hepatitis.^{12,13} Most SCS operators see ongoing needle distribution as one of their core mandates.¹⁴ The Province has recognized this, and the consequences of abandoned needles due to their increased distribution could not have been unforeseen. It is, however, unclear how much of the increase in needle debris might be attributed to needles distributed by SCS.

Red Deer Emergency Services (RDES), which also responds to needle pick-up calls, indicated that, “in 2018 we have a 150 per cent increase of needle pick up in our downtown core and are projecting a -16 per cent decrease in 2019.” It is in the downtown core that the Safe Harbour SCS is located. In the rest of the city, however, there was a 31 per cent increase in calls for needle pick up from 2017 to 2018. They are expecting a further increase of 30 per cent in 2019 in contrast to the decrease in calls in the downtown core.

Undoubtedly, the issue of discarded needles and other drug paraphernalia will not abate until intravenous drug use decreases substantially. Some SCS site practices, however, could be changed to decrease the number of discarded needles. Some sites distribute as many needles as requested. The Review Committee heard of users asking for, and receiving, up to 500 needles at a time, as well as unlimited quantities of “party packs” (that is, tie-offs, sanitary wipes, cookers and other paraphernalia). When asked about this

11 It has been reported that 422,675 new needles were distributed in 2014-15 throughout central Alberta. This increased to 529,863 in 2015-16, which is prior to the establishment of the SCS within the Province. It is estimated that approximately a third of needles are not returned to agencies distributing them. auma.ca/advocacy-services/resolutions/resolutions-index/needle-debris

12 Most of these programs started as *needle exchange* programs where new needles were handed out in return for used ones. While this is still the case, most sites currently hand out far more needles than they receive. It should be noted, however, that needles can be, and are, returned to pharmacies or appropriately disposed of in sharps containers.

13 It is difficult to estimate the total number of syringes distributed in Alberta. One agency alone, Turning Point, which focuses on reducing AIDS/HIV and hepatitis in central Alberta, distributed 548,909 syringes during the period April 2017-April 2018. reddeer.ca/whats-happening/our-response-to-social-disorder-community-safety/social-disorder/needle-debris

14 Injection material currently distributed includes syringes, filters, alcohol swabs, individual containers of water, tourniquets, cookers, vitamin C, citric acid and sharps containers. Inhalation material is also distributed at some sites and includes stems and glass pipes, mouthpieces, screens, and pushes.

policy, some site operators informed the Committee that they did not impose limits on the number of syringes disbursed. In contrast, a worker at the mobile site in Grande Prairie stated that the most significant lesson they had learned since opening was to decrease the number of needles dispensed at a time to a maximum of five. Originally, they provided users up to 10 needles at a time, but they found that this resulted in an excess of publicly discarded needles. Without universal standards or best practice in place, it appears that some SCS operators may not always use optimal judgment in distributing needles and other paraphernalia.¹⁵

To help combat the problem of needle debris, the sites have been provided with \$772,000 (fiscal 2018/19) in operating funds by the Province to collect used needles discarded in public spaces. Several municipalities have also instituted hotlines where citizens can call to have clean up crews attend to debris. Some municipalities have placed “sharps” containers in high use areas, such as some public parks.¹⁶ On the other hand, Edmonton has a policy prohibiting city crews from picking up needles on private property, even when the owner requests a pick-up. The mayor explained that the reason for the policy was because of trespass concerns.

Aggressive and “Bizarre” Behaviour

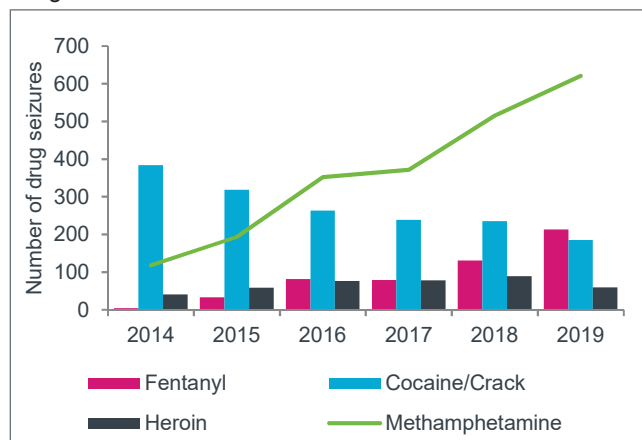
In the town hall meetings, surveys and other online submissions, residents expressed concern with harassment by obviously impaired drug users and street people in general. The Committee heard specific complaints relating to panhandling, receiving inappropriate sexual comments, unwanted touching and general harassment. Residents also reported increases in what they referred to as “strange,” “aggressive” or “bizarre” behaviour by individuals who appeared to be intoxicated. The Review Committee was shown video clips of this by various organizations during the public presentations.

Many community members assumed that those individuals were either attracted to the area by the presence of the SCS or were site users. The observation was made repeatedly that much of this strange behaviour coincided with the opening of the SCS.

¹⁵ In response to public complaints, at least one site—ARCHES in Lethbridge—reported to Lethbridge city council that, “Needle distribution was at a peak in 2017, prior to the opening of the SCS facility. From 2017 to 2019, needle distribution has decreased approximately 70% and return rates have increased by approximately 83%.” [ARCHES, “Report to Mayor and City Council,” August 12, 2019]. Unfortunately, the report did not provide actual figures.

¹⁶ For example, the City of Lethbridge currently has 21 needle disposal (sharps) boxes of which 18 are in public locations lethbridge.ca/living-here/Waste-Recycling/Pages/needle-containers.aspx. The City of Edmonton has a relatively similar number of boxes. edmonton.ca/programs_services/graffiti_litter/interactive-maps-on-needles.aspx. Grande Prairie, a much smaller centre, has ten public locations northreach.ca/about-us/grande-prairie/#Disposal_bins.

Figure 3: Drug seizures by type, Calgary
Drug Sizure Occurrences Jan-June 2014-2019



Source: Calgary Police Services

Increasingly, the Review Committee was informed, the most commonly used drug was changing from opioids and cocaine, to methamphetamine. Furthermore, many opioid users were polydrug users and were consuming both opioids (mostly fentanyl) and methamphetamine. This pattern is illustrated in Figure 3, which was provided by Calgary Police Services. As the graph indicates, seizures of methamphetamine have increased steadily since 2014, with an acceleration taking place from 2017 onward. This inflection coincides with the opening of the SCS site. The seizure data, however, are for Calgary as a whole, which suggests that the problem is not unique to the SCS sites but is more widespread.

Unlike opioids, for which there are therapeutic agonist medications including methadone and buprenorphine (Suboxone) and antagonists including naloxone (Narcan®), there are currently no therapeutic medications for treating amphetamine addiction or overdose. With a long half-life for some stimulants, intoxication and adverse effects may result in protracted psychosis with hallucinations and bizarre or aggressive behaviour that may last for long after consumption.¹⁷

In addition to the coincidental increase in methamphetamine seizures and the opening of the SCS site, the Lethbridge site has also opened “inhalation booths”, while others plan to do the same to complement their injection facilities. Although some users inject or otherwise consume methamphetamine, inhalation is the primary form of amphetamine consumption. Site personnel have reported that, although they attempt to convince amphetamine users to remain at the site for longer after consuming the substance, users still leave the site obviously intoxicated by the drug, which may result in a risk to the community.

¹⁷ Heal D.J., Smith, S.L., Gosden J., and D.J. Nutt (2013) “Amphetamine, past and present—a pharmacological and clinical perspective.” *J Psychopharmacology*. 27(6):479–496. doi:10.1177/0269881113482532

Some observers have questioned the willingness of the site operators to broaden their mandate to include consumption of methamphetamine, since most methamphetamine is not injected, so unsafe needle practices and overdose risk of death are not the primary issues. Although an overdose can cause generalized seizures, the most common adverse effects of high dose amphetamines include hypertension and psychosis. There is no effective blocker for, or drug to reverse methamphetamine overdose. Consequently, the primary mandate of the SCS—preventing overdose deaths—does not seem to apply to amphetamine use.

Public Safety

A primary concern of most people living near a SCS site was a perceived increase in crime. As numerous site proponents reminded the Committee, SCS locations were selected to be close to their target population or clientele; that is, to be in areas that typically had high pre-existing numbers of drug users and were likely already suffering from high incidences of crime and social disorder. Some individuals suggested that crime near the sites was increasing in tandem with overall increases in substance use. Others suggested that, despite perceptions by some of the public, crime was actually decreasing in the areas adjacent to the SCS.

The pertinent question thus became whether those areas near SCS experienced changes in the amount of crime disproportionate to other areas of the city after the sites were opened. To determine this, the Review Committee requested police services in the cities where the sites were located to provide before and after calls for service data proximal to the sites and in more distal regions. Where possible, proximal was defined as calls within a 250 metre radius of the site.

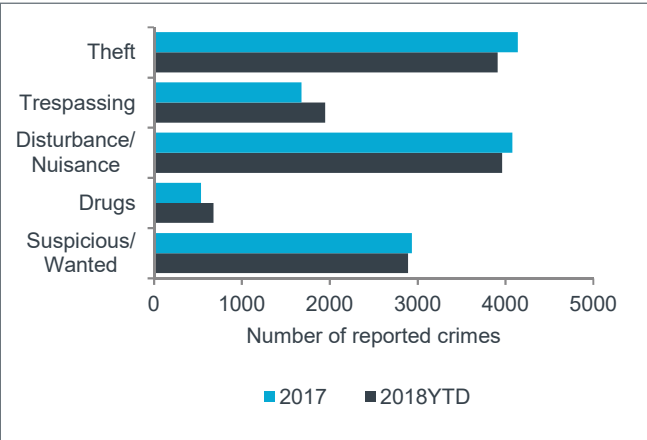
Due to differences in the analytical capacities of the different police departments, the data provided varied from one location to another. It should also be noted that crime is measured in calls for service and not actual rates of victimization. At the town hall and various in-person meetings, many individuals indicated that area residents were suffering from reporting fatigue and were increasingly reluctant to report less serious offences to the local authorities. Typically, the reason given by residents was that the police either took too long to respond, or those reporting incidents failed to perceive any follow-up or concerted action to address the issue.

Crime

The Lethbridge SCS site became operational on February 28, 2018. Lethbridge Police Services provided annual data for 2017 and 2018, which, except for the first two months of 2018, roughly correspond to the period before and after the SCS opened. Lethbridge Police Services were not able to provide crime counts corresponding exactly to the requested 250 metre radius; however, they did provide data for the sub-beat in which the SCS was located. It is possible to compare this zone with the rest of the city.

Figure 4 shows calls for service broken down by selected crime types for the city of Lethbridge outside the sub-beat containing the SCS. Overall, there was no substantive increase in the overall amount of crime recorded for the city.

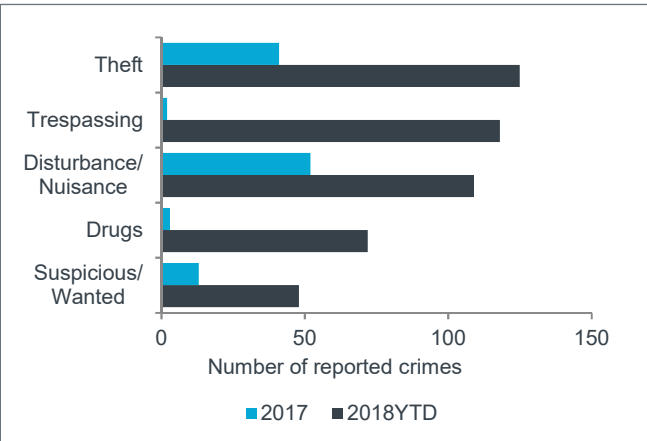
Figure 4: Crimes reported by type, Lethbridge
Crime Indicators for City of Lethbridge



Source: Lethbridge Police Services

Figure 5, however, shows calls for service broken down by selected crime types for the sub-beat containing the SCS. What is immediately evident is that the amount of crime increased substantially in the area immediate to the SCS.

Figure 5: Crimes Reported by Type, Lethbridge
Crime Indicators SCS sub-beat



Source: Lethbridge Polices Services

Calgary's SCS site (Sheldon M. Chumir Health Centre) opened on October 30, 2017. Calgary Police Services provided detailed data for various calls for service at different locations. The target zone for consideration is the 250 metre radius around the site itself. Points of comparison were the Centre

City area and the rest of the city of Calgary. Since the data were aggregated annually, it was not possible to perform an exact before/after monthly comparison around the opening date for the site. However, it is possible to get a reasonable impression of whether there was any relative increase in calls for service between 2017 and 2018.

As the accompanying table indicates, calls for service increased by 18.1 per cent between 2017 and 2018 in the 250 metre radius around the Sheldon Chumir site. The corresponding changes were 6.1 per cent for Centre City and 2.3 per cent for the rest of Calgary. Calls for service increased by 2.8 per cent for the city overall. This indicates that residents' concerns were well founded.

Table 5: Calgary Calls for Service

Location	2017	2018	Per cent Change
Within 250m	2,916	3,457	18.6%
Centre City	58,124	61,659	6.1%
Rest of City	493,569	504,869	2.3%
Total	554,609	569,985	2.8%

The provincially mandated overdose prevention site (OPS) opened in Red Deer on October 1, 2018. The site already housed the Safe Harbour/MATS program which provides overnight shelter for 26 adults who find themselves under the influence of substances. The site also operates a winter warming centre which operates during the daytime from November 1 to April 30. From a policing perspective, the OPS location is identified as Atom 3, Zone 3X.

Red Deer RCMP provided statistics for the periods of September 2017 to May 2018 (the overall *before* period), and September 2018 to May 2019 (the overall *after* period). Total calls for service are provided in the following table.

Table 6: Red Deer Police Calls for Service*

Location	Before	After	Per cent Change
Safe Harbour	251	369	47%
Within 250 m	930	1,192	28%
Downtown	4,409	5,296	20%
Total	5,590	6,857	23%

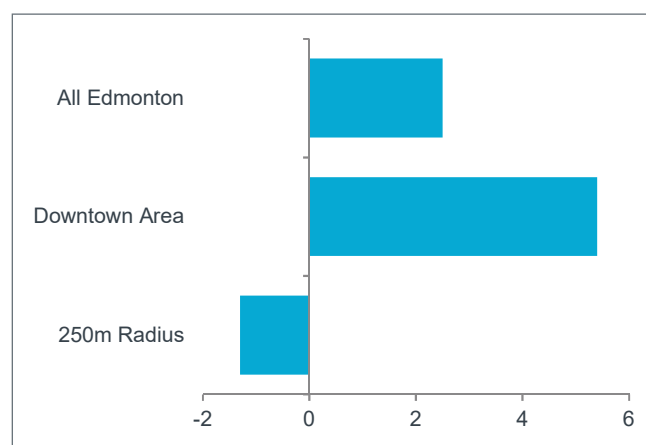
* Before period is October 2017 to May 2018; after is October 2018 to May 2019. Facility opened on October 1, 2018.

Overall, there was an increase in the number of calls for service throughout Red Deer during the entire period of September 2017 to May 2019. The percentage increase of calls within the 250 metre radius and the remainder of the downtown region is only slightly different (28 per cent vs. 20 per cent). The major difference that is noted, however, is within the calls for service at the Safe Harbour site itself. Here, there was a 47 per cent increase in calls after the SCS function became operational.

Edmonton Police Services provided data for the fiscal years 2017-18 and 2018-19. Edmonton is the only city with multiple (four) SCS locations. In this case, three of these sites are located as "store front" operations in the Chinatown district and a fourth site is inside the Royal Alexandra Hospital and is accessible to in-patients only. The Boyle Street Community Services and the George Spady sites were combined for ease of reporting.

Figure 6 below shows the difference in overall calls for service in the immediate proximity of the sites (250 metres) and the rest of the city. As indicated, between 2017-18 and 2018-19, calls for service decreased by about 1.3 per cent in the areas immediately adjacent to the sites. In the broader downtown area, calls increased by 5.4 per cent while the corresponding increase for the city overall was 2.5 per cent.

Figure 6: Per cent Change in Crime in Edmonton



Edmonton was also a location where area residents indicated that they were refraining from calling police because of a perceived lack of response.

Table 7: Grande Prairie Calls for Service

Location	2018	2019	Per cent Change
Grande Prairie	17,756	18,931	6.6%
Near SCS	3,630	4,019	10.7%

Grande Prairie has the province's first and only mobile site. It opened on March 11, 2019. When in operation, the unit is situated in the North Parking Area of Rotary House (which is a homeless shelter) and is about 15 metres from the entrance of a makeshift fenced homeless camp of about 72 people known as Tent City. As with the other locations, the Grande Prairie RCMP Detachment provided data for 2018 and 2019 for the area immediately surrounding the site and for the remainder of the city (Table 7).

Calls for service in the area adjacent to the mobile OPS increased by 10.7 per cent while calls in the City overall increased by 6.6 per cent.

Reported crime has increased slightly throughout the Province over the past few years. As indicated, however, the evidence suggests that calls for service near the SCS sites have increased disproportionately for most Alberta cities in comparison with the rest of the community. The only exception to this is the City of Edmonton which reported a slight decrease in calls for service while calls increased in the rest of the city.

Health Issues: EMS Responses and Mortality

Part of the Committee's mandate was to examine the impact of the SCS on EMS service providers and on mortality. The most pertinent data obtained consisted of calls for Emergency Medical Service (EMS) responses and the number of opioid-

related deaths near the sites. Comparable periods before and after the sites opened were analyzed. Relative to each site, the number of EMS responses and opioid-related deaths within a 500 metre radius around the site were examined and compared those to similar outcomes within a 501 metre to 2,000 metre (2 kilometre) band around the site.

Table 8 presents summary data for *all* EMS responses in the cities in which a SCS site is located.¹⁸ As Table 8 illustrates, there was a small increase in total EMS calls from before to after opening periods for the sites in the 501 metres and beyond band. Across all the communities examined, the average was a 6.3% increase in EMS responses.

Within the 50 metre to 500 metre band, there was considerable variation from one community to another, with some communities experiencing increases in calls for service after the SCS site opened and others experiencing a decrease. Overall, however, the average increase in total calls for service was 5.7 per cent which is only slightly lower than for the comparator band beyond 500 metres. The data suggest the differences were not substantial (Table 8).

¹⁸ Although there are four sites in Edmonton, the Royal Alexandra Hospital was omitted from the analysis since it only services in-patients. Data for the remaining three sites—Boyle McCauley Health Centre, Boyle Street Community, and George Spady—were aggregated since the 500 metre radii overlapped. This would have resulted in a double counting of events if the sites had been treated separately.

Table 8: All EMS Responses

Location	50 to 500 m Radius of SCS			Beyond 500 m Radius of SCS		
	Period		Pct. Change	Period		Pct. Change
	Before SCS	After SCS		Before SCS	After SCS	
Lethbridge (ARCHES)	166	149	-10.2%	1,694	1,696	0.1%
Calgary (Chumir)	1,865	2,055	10.2%	110,181	116,215	5.5%
Red Deer (Safe Harbour OPS)	672	610	-9.2%	9,089	9,977	9.8%
Edmonton (Two Sites)*	3041	3137	3.1%	94832	102883	8.5%
Grande Prairie (HIV North Mobile)	464	487	5.0%	2,216	2,297	3.7%
Total	6208	6438	3.7%	218012	233068	6.9%

Note: Same duration before and after opening date; *Two Sites in Edmonton (George Spady and Boyle Street). Royal Alexandra not included.

Lethbridge: Before period is Jan 10, 2018 to Feb 27, 2018; after is Jan 10, 2019 to Feb 27, 2019.

Calgary: Before period is Sep 1, 2016 to Aug 31, 2017 ; after is Sep 1, 2017 to Aug 31, 2018.

Boyle McCauley: Before period is Dec 1, 2017 to Aug 31, 2018; after is Dec 1, 2018 to Aug 31, 2019.

Edmonton (Two sites): Before period is Sep 1, 2016 to Aug 31, 2017; after is Sep 1, 2017 to Aug 31, 2018

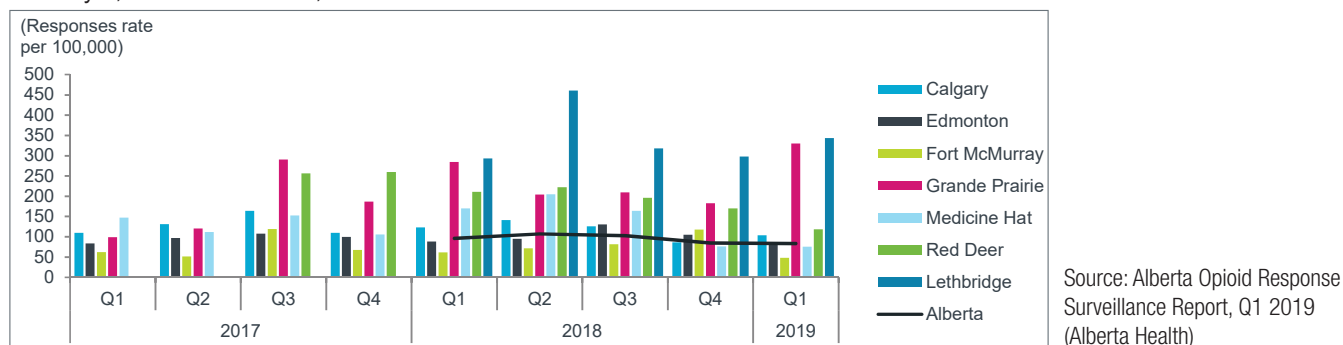
Red Deer: Before period is Oct 1, 2017 to Aug 31, 2018 ; after is Oct 1, 2018 to Aug 31, 2019.

Grande Prairie: Before period is Apr 1, 2018 to Aug 31, 2018; after is Apr 1, 2019 to Aug 31, 2019.

The situation changes, however, when we examine opioid-only related EMS responses. As Figure 7 indicates, there was substantial variation in the pattern of calls across the different sites. Much of this variation is due to the smaller absolute numbers of calls in many of the cities. Part of this is also due to variations in population density and composition in the areas in and around the SCS.

Figure 7: Emergency Medical Services (EMS) responses to opioid related events

January 1, 2017 to March 31, 2019



Overall, there was a 74.4% increase in the total opioid-related EMS responses before and after the sites opened within the 500 metre band of all SCS sites. In the comparison zone of 501 metres to 2,000 metres, there was an average 11.3 per cent *decrease* across the cities. This means that EMS has been called almost 75 per cent more times since the site opened within the 500 metre band (Table 9).

Table 9: Opioid-related EMS Responses Near SCS Sites

Location	50 to 500 m Radius of SCS			Beyond 500 m Radius of SCS		
	Period		Pct. Change	Period		Pct. Change
	Before SCS	After SCS		Before SCS	After SCS	
Lethbridge (ARCHES)	12	6	-50.00%	33	30	-9.10%
Calgary (Chumir)	45	83	84.40%	1486	1286	-13.50%
Red Deer (Safe Harbour OPS)	36	32	-11.10%	174	94	-46.00%
Edmonton (Four Sites)*	114	242	112.30%	203	274	35.00%
Grande Prairie (HIV North Mobile)	8	12	50.00%	56	63	12.50%
Total	215	375	74.40%	1952	1747	-10.50%

Note: Same duration before and after opening date;

* Four Sites in Edmonton (George Spady, Boyle Street, Boyle McCauley, Royal Alexandra)

open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0cbd25b5-12c8-411a-b8ff-e9e5900a11e6/download/alberta-opioid-response-surveillance-report-2019-q1.pdf

Opioid-related EMS Responses in Major Municipalities

	2017		2018		2019 YTD	
	Count	Rate	Count	Rate	Count	Rate
Calgary	1693	128	1595	119	351	103
Edmonton	950	97	1045	105	206	81
Ft. McMurray	58	55	65	61	13	48
Grande Prairie	127	164	164	209	65	330
Medicine Hat	88	121	105	141	14	75
Red Deer*	137	258	212	216	29	118
Lethbridge	-	-	336	491	59	343
Alberta	-	-	4206	98	917	83

*EMS data for Red Deer became available June, 2017. Count and rate is based on events from July to December, 2017. YTD = January 1 to March 31, 2019.

open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0cbd25b5-12c8-411a-b8ff-e9e5900a11e6/download/alberta-opioid-response-surveillance-report-2019-q1.pdf

The third data set we examined consisted of the Office of the Chief Medical Examiner's data on drug and alcohol poisoning deaths, which were predominantly opioid-related. This is presented in Table 10 below. When aggregated, the totals across the sites suggest a counter-intuitive result. While we were expecting to see a substantial reduction in the numbers of deaths near the SCS sites, this was not the case. Within the 500-metre radius, the increase in deaths aggregated across all the sites was 64.3 per cent. Not only is this not a decrease in deaths, it is *higher* than what is recorded in the comparison 501-metre to 2,000-metre band. Here, the increase in deaths is 29.7 per cent. That means that a significant amount of people are dying within the 500 metre band.

Table 10: All drug & alcohol poisoning deaths

Location	500m Radius of SCS			501m to 2000m Radius of SCS		
	Period		Pct. Change	Period		Pct. Change
	Before SCS	After SCS		Before SCS	After SCS	
Lethbridge (ARCHES)	1	5	400.00%	10	30	200.00%
Calgary (Chumir)	6	15	150.00%	70	95	35.70%
Red Deer (Safe Harbour OPS)	4	8	100.00%	18	8	-55.60%
Edmonton (Four Sites)*	17	17	0.00%	36	41	13.90%
Grande Prairie (HIV North Mobile)	0	1	--	4	5	25.00%
Total	28	46	64.30%	138	179	29.70%

Note: Same duration before and after opening date. Source: Office of the Chief Medical Examiner.

* Four Sites in Edmonton (George Spady, Boyle Street, Boyle McCauley, Royal Alexandra)

Both the EMS and the overdose death data indicate that despite the presence of SCS, many opioid users consume outside but close to the sites. These patterns do little to negate the popular perception that SCS sites draw users into the area, thus creating an increased concentration of drug users in those neighbourhoods.

Focusing just on what happens on the site premises shows a different pattern. To date, there have been no deaths at a SCS site. There were "adverse events" at the sites, most of which were reported as overdoses. Generally, SCS staff attended to those cases with medical interventions that mostly consisted of administering oxygen, to a lesser extent providing naloxone, and in rare instances, calling EMS. As Table 11 on page 19 indicates, the number of adverse events occurring at some sites is high.

From one perspective, the number of overdoses at the SCS is disconcerting given that they are supervised consumption sites. The ARCHES-run site in Lethbridge appears to have particular problems. The average number of unique users per day in Lethbridge is approximately the same as at the Sheldon Chumir site in Calgary (136 vs. 133, Table 3) but the number of adverse events is more than twice as high in Lethbridge. The Review Committee was also told that naloxone had been used on one individual at the Lethbridge site 40 times over the course of 12 months. These are clearly issues that warrant further investigation.

Some presenters, including some drug users, suggested that the relative safety and risk-mitigation aspects of the sites encourage users to consume higher doses than they would normally. This enables them to have a "higher high." Users are fully aware that they face greater risks consuming high doses outside the facilities where access to trained staff, naloxone and other medical interventions are not as certain.

One health-related aspect the Review Committee was interested in pursuing, but for which it was not able to obtain data, was the impact that the sites might have had on site employees and first-responders vis-à-vis, vicarious trauma.

It is also interesting to note that up to date opioid poisoning reporting by Alberta Health does not show any current difference by city regarding whether or not an SCS/OPS is being operated. The cities without an SCS/OPS (Medicine Hat and Fort McMurray) have not differed from overall provincial trends of reduced drug poisoning deaths related to fentanyl in 2019. In fact, the only site that has shown an increase in death rate per 100,000 person years is Grande Prairie, which has an operating site, while the largest reduction is Red Deer, operating under a Provincial OPS (Table 12, page 19).

Table 11: Adverse Events¹

Site	Period	Adverse Events ²
ARCHES (Opened February 28, 2018)	Apr. 1, 2018 – Sept. 30, 2018	649
	Oct. 1, 2018 – Mar. 31, 2019	1230
	Apr. 1, 2019 – Sept. 30, 2019	864
George Spady (Opened April 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	138
	Oct. 1, 2018 – Mar. 31, 2019	95
	Jan. 1, 2019 – Jun. 30, 2019	71
Boyle Street Community (Opened March 23, 2018)	Apr. 1, 2018 – Sept. 30, 2018	93
	Oct. 1, 2018 – Mar. 31, 2019	169
	Jan. 1, 2019 – Jun. 30, 2019	150
McCauley Health Centre (Opened November 5, 2018)	Oct. 1, 2018 – Mar. 31, 2019	54
	Jan. 1, 2019 – Jun. 30, 2019	125
Sheldon Chumir (Opened October 30, 2017)	Oct. 1, 2018 – Mar. 31, 2019	369
	Apr. 1, 2019 – Sept. 30, 2019	240
Grande Prairie (Opened March 11, 2019)	Mar. 11, 2019 – Sept. 30, 2019	94

¹ Overdoses and may include non-overdose events.

² Period numbers varied slightly for some sites depending upon source.

Table 12: Apparent accidental drug poisoning deaths related to fentanyl

January 1, 2016 to September 30, 2018.

	2016		2017		2018		2019YTD*	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Lethbridge	8	8.3	15	15.3	25	25.1	15	20.4
Medicine Hat	2	2.9	7	10.2	12	17.5	7	13.6
Calgary	144	10.9	239	18	291	21.8	160	15.7
Red Deer	23	21.1	23	21.4	46	42.8	12	14.7
Edmonton	99	10.2	136	13.7	179	18.1	118	15.4
Fort McMurray	9	11.1	14	17.6	11	13.9	6	10.1
Grande Prairie	10	13.5	27	36.4	24	32.4	19	34
Total	295	10.8	461	16.7	588	21.3	337	16

*YTD = January 1 to September 30, 2019

*Rate (per 100,000 person years), by municipality (based on place of death)

Source: alberta.ca/assets/documents/opioid-substances-misuse-report-2019.q3.pdf

Costing

Costing and cost-benefit analyses can help policy makers make informed decisions about resource allocations for substance abuse strategies. Here, we provide the best estimates of the costs to Albertans based on current strategies relating to supervised consumption services (SCS) and the overdose prevention site (OPS). The costing data are based on information gathered from service providers, Alberta Health reports, law enforcement, public engagement and other relevant sources.

The SCS Review Committee had requested a range of data, much of which was not immediately made available, was difficult to acquire, and was outwardly inconsistent. Consequently, most numbers relating to 2018/2019 operating costs are based on those found in the original proposals made by the service providers to the Opioid Implementation Team set up by the previous government. Yearly operating numbers for the operational sites do not include start-up costs, additional or supplemental funding, or deficits that were subsequently incurred. However, for the pending sites in Red Deer and Medicine Hat, the start-up dollar amounts were available.

The information for each site includes details on data inconsistencies across the sites. The Committee also wished to highlight the lack of standardization in reporting and acknowledges these as significant limitations on the validity of the cost estimates. The Committee was also concerned with a seeming lack of accountability, evaluation and oversight of the SCS and OPS. The lack of fiscal accountability became evident to the Committee as we reviewed the collection of available data and how it was recorded and reported. This Committee strongly suggests the government consider an audit of each site.

Overall, the limitations of the costing analysis include:

- A lack of standardization in reporting requirements.
- A lack of operationalization of important terminology — for example, definitions of such terms as overdose, treatment, participant, visit or use, and client.
- Verifiable records of actual users were not available as users do not have to show a medical card personal health number (PHN) or other legal or government identification.
- For most sites, it is unclear whether any referrals went to detox; how long they were in, or if they completed detox; if they went to treatment; or, if any users of the site were poisoned by fentanyl or fatally overdosed after exiting the site. This information was requested from the RAH site, as this was the only location where PHNs were used consistently.

Overall Costs

The Government of Alberta provides approximately \$18 million per year in operating funds to the existing SCS/OPS sites. In addition, almost three-quarters of a million dollars is provided

for needle debris clean up. Due to time limitations and difficulties accessing the data, the Committee was not able to determine the start-up costs for most sites.

Table 13 on page 21 provides a breakdown of the initial operating amounts requested by the site operators in their initial grant applications to the Province. In Edmonton, the operating grant was given as a block for the Boyle St. Community, George Spady and Boyle McCauley sites, since they had the same operator. Consequently, we proportioned the total annual operating costs to each of those sites based on the operators' estimates of the total volume of visits per site. The average number of visitors and the average number of unique visitors, however, were reported per site by the operator (Table 13).

The average operating cost per day per site was approximately \$6,657. The variation was substantial, ranging from a high of \$16,344 per day for Lethbridge to an estimated \$1,848 for Boyle McCauley. Overall, the three Edmonton sites located near Chinatown were the least expensive per day. It should also be noted that both the Royal Alexandra Hospital and the Grande Prairie sites are unique. Both sites have a small capacity, with Royal Alexandra being reserved for in-patients and Grande Prairie being a small mobile operation.

Usage data, including the numbers of total visits and the number of unique clients, were provided by the site operators and could not be independently verified. Members of the Review Committee who visited the sites had concerns regarding record keeping. While some sites appeared to keep detailed reports regarding visitors, others seemed to do little more than place a tick mark on a sheet. In reviewing the data, the Committee also noted extreme disparities between the number of total visits reported per site and the total number of unique individuals using the site.

Part of the reason for these disparities could be that, in many site reports, there was little or no differentiation between visitors who simply walked in the door, visits to receive supplies, visits for medical attention such as wound care or accessing any other type of service, and visits for supervised consumption use. The Committee felt that one of the most distressing limitations of the SCS and OPS, both operationally and in terms of assessment, is that users are not required to confirm their identity.

As noted elsewhere in this report, the total number of visits to the sites varied considerably. Consequently, the average costs per visit and the cost per unique user per day also showed considerable variation. The low volume at the Royal Alexandra Hospital and the Grande Prairie sites resulted in average costs of over \$200 per day per visit and costs of several thousand dollars per day per unique client. Among the remaining sites, the average cost per visit per day ranged from \$35 to \$62, while the average cost per unique client ranged from \$49 to \$122.

Numerous individuals appearing before the Committee, however, provided snippets of costs incurred. Several community members reported that many facilities such as

Table 13: Initial operating amounts

Site	Total annual operating cost	Average cost per day	Average visits per day	Average unique clients per day	Average cost per visit per day	Average cost per unique client per day
Calgary	\$3,436,506	\$9,415	151.4	114.3	\$62.19	\$82.37
Lethbridge	\$5,965,512	\$16,344	649.0	133.5	\$25.18	\$122.43
Red Deer	\$2,961,156	\$8,113	Not Reported	Not Reported	-	---
Grande Prairie ¹	\$1,307,119	\$6,407	24.4	0.8	\$262.60	\$7,910.43
Edmonton						
Royal Alexandra	\$1,806,720	\$4,950	20.8	1.7	\$237.98	\$2,911.72
Boyle St. Community ²	\$1,469,831	\$4,027	91.5	61.0	\$44.01	\$66.02
George Spady ³	\$786,655	\$2,155	46.5	35.0	\$46.35	\$61.58
Boyle McCauley	\$674,557	\$1,848	52.5	37.5	\$35.20	\$49.28

¹ Based on 204 days of operation

² Average number of unique visits per day not reported for all periods. Estimate is based on report from Oct. 2018 to Mar. 2019

³ Average number of unique visits per day not reported for all periods. Estimate is based on report from Jan. 2019 to Jun. 2019

Note: reporting requirements for the Red Deer OPS are different than SCS sites.

old age homes, schools and daycare centres had invested in additional security and safety mitigation measures because of site users, who were clearly impaired, wandering onto their property. One facility housing largely elderly residents, for example, put up a \$50,000 fence to keep users drifting from the nearby site off the property.

These reports are in addition to what individual property owners reported in putting up fences and installing security cameras and other devices.

While the province provides \$772,000 (fiscal 2018/19) to communities for needle and paraphernalia clean up, many volunteer groups regularly sweep schoolyards and other properties for drug-related debris. Many parents expressed considerable fear about their children accidentally being stuck by discarded needles while playing in or passing through public spaces.

Many individuals, particularly elderly people, women alone and those with children expressed an increased fear of being accosted by users exhibiting aggressive and bizarre behaviour. Some of this is likely the result of a shift in drug use from opioids to methamphetamine. Unfortunately, the breakdown of types of substances used at the sites is self-reported by clients and not independently verified by the SCS and OPS providers.

The Lethbridge site has installed inhalation booths and reports that close to half of their visitors are now using methamphetamine at the sites. Methamphetamine intoxication is characterized by agitation, aggressiveness, paranoia, frank psychosis and other bizarre behaviour that could be threatening to staff, first responders and community members.

This shift from opioid use to amphetamine use raised another

potential risk or cost element; that is, the potential liability when users leave a site and commit or experience harm. Over the past couple of decades, numerous legal cases have addressed the issue of “vicarious liability,” similar to the responsibility of places where liquor is served and of restaurant owners have regarding intoxicated patrons.

While no clients have yet died while using a site, some have had adverse reactions to the substances they have consumed. Since the sites represent themselves as supervised consumption sites, the issues of what supervision entails and duty of care to clients also become relevant. While Health Canada suggests that drug testing is one of the potential services that SCS sites might provide, none in Alberta appear to do so. Drug users bring their own substances with uncertified composition and unknown dosing. As part of their supervision service, sites provide after-the-fact responses to overdoses and other bad drug reactions. The question remains, however, as to whether the sites have a prophylactic or preventative obligation to ensure that users do not have a negative response.

Just as the Committee could not detail all the potential costs associated with the SCS sites, it also had difficulties detailing the economic and social benefits due to a lack of available data. SCS advocates claim life-saving benefits and for many, that is a sufficient justification for the sites’ existence. On the other hand, most opioid consumption does not result in death. While some with opioid dependency can lead reasonably functional lives, many suffer the negative consequences of addiction and an associated diminishment in quality of life.

SCS sites should offer a gateway to treatment and recovery

in addition to consumption facilities. While the Committee heard that some sites assist their clients in moving beyond consumption, others do not. Some sites assist users in obtaining Alberta Health cards and other official identification; most, however, support user anonymity as an element in lowering the barrier to entrance. Some sites engage users about treatment options and assist in making appointments; most do not. In some sites the Committee visited, addiction counselling consisted of having information pamphlets available. Even where sites make appointments for drug users, there is little follow-up to see whether appointments are kept, or if users actually enter a detox or treatment facility. Most importantly there were no addiction medicine specialists, or physicians working in any of the sites other than the Royal Alexandra Hospital site.

It is the Committee's conviction that the social benefits of SCS sites should include encouraging treatment and recovery and not merely provide a vehicle for consumption. The Committee noted that the term recovery is not mentioned in any of the reporting or data documents it received and there is no longitudinal or follow-up reporting on referrals. Having examined the available cost data, it was concluded that a full audit and financial review of the sites would be reasonable.

Economic Impact on Property and Business

Numerous businesses and business organizations made presentations to the Review Committee arguing that SCS site locations had an adverse effect on their operations. The Review Committee was told of decreases in sales volume as customers were deterred from visiting some establishments, businesses relocating to other parts of the city and, in extreme cases, of bankruptcies.

The Review Committee was presented with photographs and videos taken near commercial establishments close to SCS sites depicting drug dealing, drug injection, prostitution, loitering and individuals wandering nearby who were clearly mentally and physically incapacitated. Numerous owners indicated that they and their staff were often wary of coming to work and walking to their cars or taking public transportation at closing time. Some reported keeping their doors locked during business hours and many reported significant investments in security cameras and other devices. High levels of theft and shoplifting were reported. Others spoke of having people urinate and defecate in their doorways and vestibules. Finding people sleeping in entranceways was not uncommon. We were also informed that most restaurants and other food outlets locked their washrooms and only provided access to verified customers.

That many businesses in neighbourhoods where the SCS sites are located are experiencing significant problems is undeniable. Our previous analyses of the available police, overdose and EMS response data are consistent with business operators' complaints.

The Review Committee sought local data to determine the degree to which businesses near SCS sites might have been affected differentially. From the various submissions presented to the Review Committee, it was clear that the issues faced by many business owners were due to combined factors: the economic downturn, overall increases in homelessness and drug use and a lack of a public policy response to those issues. As we indicated previously, locating SCS in neighbourhoods already experiencing social problems may be exacerbating the issue, or the sites may simply be highlighting existing social malaise. As one Edmontonian suggested about the Chinatown region of the city, "...the demand and foot traffic was in decline well before SCS, but it was a convenient scapegoat for businesses that failed."

The Committee sought information from the Alberta Ministry of Treasury Board and Finance regarding available business and financial data for the zones where SCS were located. They were able to provide limited material from the Statistics Canada Business Register. Officials noted that caution should be used in drawing conclusions from the data due to various reliability and validity issues.¹⁹ Business licence data were requested from local municipalities. Unfortunately, most localities could not generate the required information citing time and other constraints. Edmonton provided data for 2019 only. Calgary, however, was able to provide several years of information but could only do so for new licences, not all business licences.

The Committee looked first at the licensing data from Calgary. It is difficult to draw firm conclusions from the data due to the small sample size, but it appears that the Calgary Sheldon Chumir SCS site may have had a marginal impact in the surrounding area compared with other parts of the city. The data for Calgary are illustrated in Figure 8 on page 23.. The proposed Forest Lawn site was also included in the analysis as a point of comparison. This analysis shows the number of new business licences for under 250 metres from the site; 250 to 500 metres; and, 500 to 2000 metres from the site.

The Business Registry data from Statistics Canada covers all municipalities within which a SCS site is located.²⁰ Again, however, one should be aware that there are limitations with the data.²¹ The data are presented in Figures 9 and 10 on page 23 and show the percentage of businesses still in operation relative to 2015 for the different cities and distances from existing or proposed SCS sites.

19 The data are collected directly from survey respondents and are often inconsistent, missing or misreported. Even addressing questions about business start-ups and closures is problematic. For example, it cannot be determined if a specific business closed or simply did not participate that year. The register may also miss including several businesses such as sole proprietorships.

20 Approximately 13,120 businesses were identified. Where there was adequate information available, those establishments were initially geolocated by postal code.

21 Beyond the issues outlined in footnote 17, several businesses could not be geocoded to a street address for many reasons, including such issues as there being no address on file or the registered address line not corresponding to city and postal code.

Figure 8: New Business Calgary 250m, 500m, 2000m

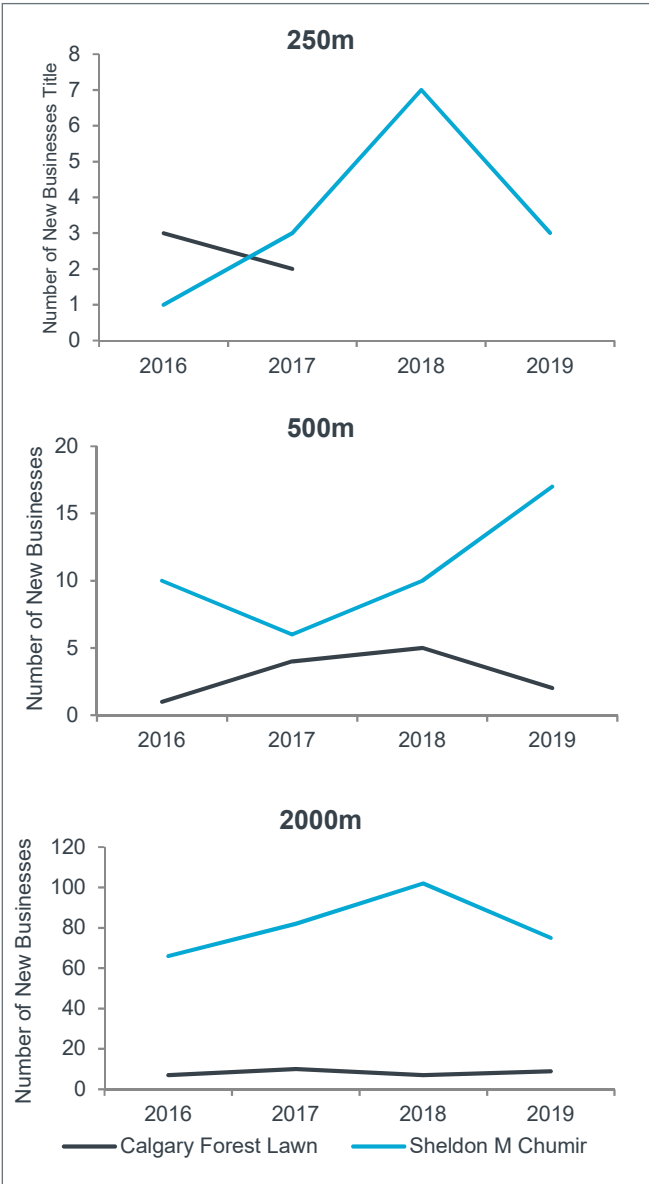
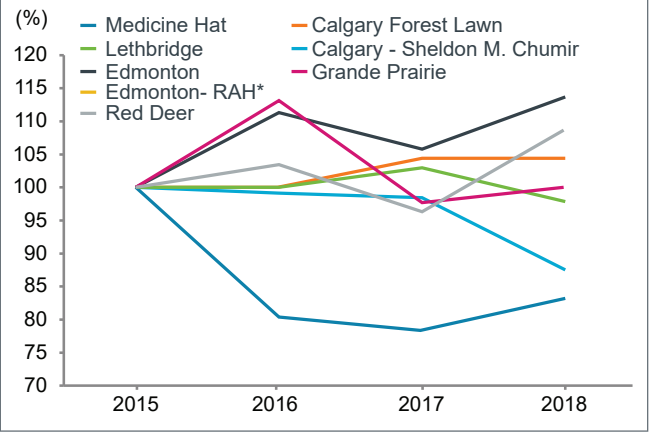


Figure 9 depicts patterns in the 250 metre area for locations with a SCS site and areas with a planned SCS site. The patterns vary dramatically as there are bigger differences within categories than between categories. The biggest decrease in businesses is in Medicine Hat where there is no SCS, and the biggest increase in businesses is in Edmonton where there are three publicly accessible SCS sites.²² There is a decrease in business operations in Calgary downtown, and a slight decrease in Lethbridge but an increase in Red Deer.

²² The Edmonton consumption sites overlapped each other in distances (Boyle McAuley, George Spady and Boyle Street). These were combined into a single "Edmonton" category.

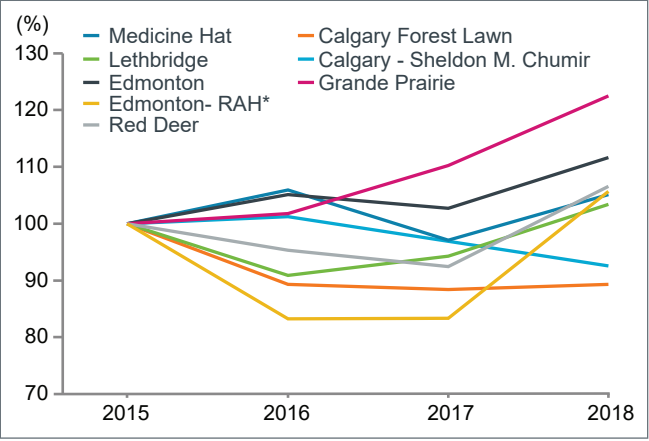
Figure 9: Total Businesses in each year compared to 2015 for 250m ring



*RAH - Royal Alberta Hospital

Business operations between 250 and 500 metres of the sites are presented in Figure 10. Again, there appears to be little evident correlation between the percentage of businesses relative to 2015 and the opening of the SCS sites. The biggest increase in business licenses in 2018 (relative to 2015) is in Grande Prairie and the biggest decrease was in Forest Lawn where there is no SCS site. We see a decrease in Calgary but an increase in Edmonton, Red Deer and Lethbridge.

Figure 10: Total Businesses in each year compared to 2015 for 250m to 500m ring



*RAH - Royal Alberta Hospital

Ideally, the Committee would have liked to have been able to examine revenue data over time but that was not available.

Chapter 4

Assessment: Site-Specific Issues

In the previous section the authors outlined some commonly identified issues relating to the real and perceived social impacts of SCS sites on their host communities. In this section, we will address issues that are either unique to a specific site, or that appear to be outlying factors within one of the themes discussed in the previous section.

Lethbridge

Site Overview

Lethbridge has one fixed SCS site, which has been in operation since February 28, 2018 and is run by a not-for-profit organization called ARCHES, originally established in 1986 to curb the transmission of HIV and Hepatitis C. The site provides 24-hour services throughout the week. The SCS site is in close proximity to the Lethbridge Soup Kitchen, a temporary shelter and resource centre, and to the Lethbridge Food Bank. Overall, the immediate area is best described as being light commercial with small retail establishments predominating. A large residential area is situated about three blocks to the south and east of the SCS location.

Anecdotal evidence suggests that the Lethbridge SCS site may be one of the most used, not only in Canada, but worldwide. Whether or not this is the case, it is evident that Lethbridge has a significant opioid use problem. In 2018, the number of deaths, mostly due to fentanyl poisoning (overdose), was 25 for a rate of about 25.1 per 100,000 population for the year. In the first six months of 2019, the municipality experienced 11 deaths.²³ This is higher than the provincial average of 17.1 per 100,000 population for the same period. For Alberta, the death rate due to opioids other than fentanyl in 2018 was 9.4 per 100,000 (seven deaths) while in the first half of 2019, it was about one per 100,000 (one death).

The Lethbridge SCS reported that from its opening in February 2018 until July 31, 2019, there had been 268,283 visits. In its report to Lethbridge City Council in August 2019, ARCHES noted that, “Since opening the facility, there has been a high uptake of service with approximately 1,376 community members having accessed the SCS and an average of 663

visits to SCS a day.”²⁴ In their latest report to Alberta Health for the six-month period from April 1, 2019 until Sept 30, 2019, they reported a total of 910 unique users, with an average of

Lethbridge ARCHES 2018/2019 Data, last six month reporting period

Average cost per visit

\$25 x 119,355 visits

= \$2,982,756

Average Cost per Unique Client \$3,278

x 910 unique clients

Note: Costs per client and visit are rounded to the nearest dollar. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

about 136 unique users per day.

Issues

Based on multiple comments from stakeholders, it was the Committee's impression that the Lethbridge SCS site may be facing the most problems in the province, since the expressed concerns were disproportionately higher than expressed at other sites. Most of the concerns the Review Committee heard were directed at the operations of the site itself — how it is being run, the behaviour of its employees, an apparent lack of accountability, alleged occurrences of flagrant and open criminal activity around the site, its isolation from the greater community and several questions about the integrity of how data are submitted. The Review Committee also heard from some medical professionals that they would not work in this place as it is “unethical.”

Recently, there has been open conflict between the site and some residents and local business owners. In July 2018, there were protests both for and against the site.²⁵ Much of

²³ Health, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health.

²⁴ ARCHES, “Report to Mayor and City Council,” August 12, 2019. ARCHES, 1016 1st Ave. S., Lethbridge.

²⁵ globalnews.ca/video/5473516/protests-held-for-and-against-lethbridges-supervised-consumption-site

this conflict is playing out through social media channels. One nearby business owner has (and continues to) broadcast pictures and live video from cameras placed around his building to illustrate the disorder at the SCS site and at his place of business because of the SCS site. This has resulted in equally hostile and aggressive responses including purported death threats by the site's supporters.²⁶ As indicated in the previous section of this report, police calls for service around the site have increased dramatically since it opened.

It is also believed by many members of the community that ARCHES staff actively contribute to the problem of drug use. Several community groups that met with the Review Committee indicated that they felt intimidated by ARCHES and were afraid to speak out in public out of a fear of retribution by ARCHES.

The statistics generated by the site appear to be out of line with those in the rest of the province, as do some aspects of the costs. Except for the smaller sites (RAH in Edmonton, and the mobile site in Grande Prairie), the Lethbridge SCS is estimated to be one of the costliest on a per-capita (client) basis. While most of the other sites have a cost under \$600 per unique client, the cost in Lethbridge is over five times that, at \$3,270 per unique client. The Committee could not find any plausible explanation for this, and there was no mention of it by the Alberta Health management contact person who would have overseen this in the past.

Criminality

An increase in crime rates was one of the key concerns raised by many who attended the town hall meetings in Lethbridge. Police calls for service suggest that the city has experienced one of the highest levels of crime increases at a site location relative to the rest of the city. Despite the increase in police activity, many residents believe that there is a "safe zone" for open drug use, trafficking, prostitution and related criminal activity around the Lethbridge SCS site. The Committee was reminded by many stakeholders of the seriousness of crime in the area. During the limited time the Review Committee spent visiting the area around the site, members directly observed several instances of open drug use, with individuals injecting drugs on the sidewalks close to the SCS site. Committee members also observed what appeared to be drug trafficking as well as prostitution. This view is echoed by members of Lethbridge Police Services in the First Responders' Survey. As one police officer wrote:

"The SCS is a lawless wasteland. Drugs can be readily purchased right in the parking lot. I have watched videos where SCS security staff are watching while drugs are being bought and sold and say nothing. They say they are reluctant to call police because it is frowned upon by SCS management and they don't want to lose their jobs. SCS management make it very clear police are not welcome there and regularly

26 Lara Fominoff, "Lethbridge Police investigating death threats against local business owner relating to local SCS Facebook post." *Lethbridge News*, Jul 05, 2019 lethbridgenewsnow.com/2019/07/05/lethbridge-police-investigating-death-threats-against-local-business-owner-relating-to-local-scs-facebook-post/

complain if police try to do enforcement in the area."

Another law enforcement officer stated that, "There has been attempts by the SCS staff to destroy video evidence. They had a pregnant lady have [a] miscarriage immediately after using their facility. They became offended when I asked what their procedures were for pregnant women and filed a formal complaint."

Lethbridge Police services reported that in the period of March 1, 2018, and February 28, 2019, there were 424 calls for service in the area immediately surrounding the site. During the same period the year prior, there were only seven calls for service.²⁷ Across the city, there was only a 0.15 per cent increase in total calls for service across the two periods. This is consistent with a dramatic and disproportionate increase in call rates to police after the SCS site opened.

Needles

Another major complaint concerning the Lethbridge SCS site relates to the volume of needle debris surrounding the site. As noted elsewhere in this report, needle debris is a significant issue in all areas where supervised consumption sites or needle distribution and exchange services are located. The situation in Lethbridge, however, is reportedly exacerbated by the particular policy of needle distribution that allows drug users to obtain excessively high quantities of needles — that is, packages of 200 to 500 needles at a time — simply upon request. ARCHES reports that it distributes somewhere between 13,000 to 15,000 needles per month. Presenting before the Review Committee, one representative reported a number that is approximately two to three times higher, indicating that 37,000 syringes are distributed per month from ARCHES. This is beyond those needles that are issued and used inside the actual SCS. ARCHES maintains that all but about 400 needles per month are accounted for. Given the directly observed residual level of needle debris around the site, however, this assertion does not appear plausible and appears to defy credulity.²⁸ Several stakeholders raised doubts about whether ARCHES is forthcoming and candid in their self-reporting. The review committee was not able to corroborate the veracity of ARCHES's statements.

In a 2019 report to Lethbridge City Council, ARCHES also noted that, "From 2017 to 2019, needle distribution has decreased approximately 70 per cent."²⁹ This 2019 report does not provide the number of needles distributed in either 2017 or 2019. Nor is there any explanation as to why distributing 70 per cent fewer needles is acceptable now but was not in 2017. It remains unclear how ARCHES determined

27 calgary.ctvnews.ca/calls-to-lethbridge-s-supervised-consumption-site-up-nearly-600-per-cent-1.4612086

28 Ryan Whyte, "Dozens of used needles found near Lethbridge elementary school, petition calls on City to address issue." CTV News, Thursday, May 24, 2018 calgary.ctvnews.ca/dozens-of-used-needles-found-near-lethbridge-elementary-school-petition-calls-on-city-to-address-issue-1.3944229

29 ARCHES, "Report to Mayor and City Council," August 12, 2019. ARCHES, 1016 1st Ave. S., Lethbridge.

its policies on needle distribution.

Lethbridge residents also report finding large numbers of unused needles in public areas. This is in addition to the volume of used needles that are discarded in public. Numerous stakeholders reported that needle debris causes significant concern among parents with children. During summer 2019, the local press reported the case of a six-year-old who was apparently injured by a discarded used needle. The child was given a series of blood tests and was started on a treatment for a possible Hepatitis C infection.³⁰ To alleviate anxiety, some medical professionals cited evidence that the likelihood of contracting an infection from a used needle is small.³¹ Most parents found little solace in this, and it was evident that some stakeholders were offended by this apparent insensitivity to the consequences of a needlestick injury in a child, especially given that the supposed purpose of distributing needles is to prevent the spread of blood-borne infections, such as HIV and hepatitis, among drug users.

Management Issues

Numerous complaints were received by the Review Committee about how the Lethbridge site is operated.

The Review Committee was also informed by ARCHES that it currently employs 174 persons working at the site. Putting this into context, at the time the Review Committee visited Lethbridge the site was seeing approximately 130-135 unique users per day. At the same time, police in Lethbridge had 161 constables on staff.

An ARCHES worker told the Committee that approximately 40 per cent of workers at the SCS are “addicts in recovery” themselves. There was no apparent concern about the associated occupational risk or relapse risk to those workers in recovery.

“When I was in the Fort McLeod detox last year, I had made the first step in getting sober and trying to maintain a healthy lifestyle. There were mandatory groups we had to attend which also included ladies from ARCHES coming in and telling us about their programs and what is included. Letting us know where the SCS was located and that they were on ways to test drugs so us addicts know exactly what we were getting. Also, that they will help drive us to and from appointments, as well as give us clean material to use with. I felt extremely hopeless. Was there even a reason for me to get clean? I ended up calling my mom crying, how desperately I wanted to get out of detox. I was feeling extremely triggered. I felt resentful towards Foothills detox for letting these ladies in. I thought they were supposed to help me, not give up on me.

Lethbridge Resident – in detox in Fort McLeod

³⁰ Michael Franklin, “Young boy allegedly pricked by discarded needle in Lethbridge park.” CTV News, August 3, 2019 calgary.ctvnews.ca/young-boy-allegedly-pricked-by-discarded-needle-in-lethbridge-park-1.4535804

³¹ myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=tw13033

Red Deer

Site Overview

The City of Red Deer does not have a SCS site, but, instead, a provincially mandated Overdose Prevention Site (OPS). OPS facilities are temporary medically supervised, hygienic spaces designated primarily for the purposes of monitoring consumption of previously obtained drugs and responding in the case of an adverse event, such as an overdose. An OPS can typically be set up by the province in a matter of weeks, because it does not require community surveys or consultations, like SCS do. OPS facilities do not have to provide access to additional health and social supports for those drug users, and do not require an exemption approval from Health Canada.

On August 31, 2018, the Minister of Health used her authority to mandate the operation of an Overdose Prevention Site in Red Deer. Safe Harbour was chosen as the temporary location from October 1, 2018, until October 1, 2019. The goal was to establish a permanent SCS near the current location of the OPS. This temporary OPS is housed in a trailer situated in a commercial area close to several small commercial businesses, located two blocks from a gentrified downtown area consisting of restaurants, banks, clothing stores and health-related establishments. It is a block east of the Red Deer River and close to a large supermarket.

In 2018, the number of accidental deaths in Red Deer due to fentanyl poisoning was 46, which translates into a rate of about 42.8 per 100,000 population.³² In the first six months of 2019, however, the municipality reported five deaths for a rate of 9.2 per 100,000. This suggests it recorded the lowest rate in the province where the provincial average was 17.2 deaths per 100,000 population. In 2018, the death rate due to opioids (other than fentanyl) was 8.7 per 100,000 (seven deaths), while in the first half of 2019, no deaths were reported. By comparison, for non-fentanyl-related deaths, the provincial average was 3.8 per 100,000 population in 2018 and 1.6 per 100,000 for the first six months of 2019.

The Red Deer site is operated by an organization called Turning Point, which is a community-based entity that originally focused on the distribution of supplies to prevent the transmission of HIV and other blood-borne pathogens.

Issues

Two concerns in Red Deer went beyond the issues common to all sites related to zoning and elevated rates of crime.

Zoning

The Review Committee heard from the municipal government representatives in Red Deer that the location was imposed

upon the community by the province. Explicitly, the chosen location was not zoned for an opioid prevention site by the city, but the city's zoning bylaw was overridden.

Crime

As with Lethbridge, crime was perceived to be a major problem near the Red Deer site. Numerous residents and community representatives suggested that there appears to be a general lack of law enforcement near the OPS site, with violent crime and drug-related offences being committed in the open and in broad daylight. Several residents in the area indicated that, "If police are called, it can be anywhere from one to three hours for them to respond." One business owner near the site reported calling the police for a robbery by knife-point and waiting over three hours for a response.

"Tons of foot traffic to the core. Tons of garbage in the area. Increased amount of calls for service to assist with suspicious people loitering in the area. Charges often get laid, but the Crown frequently withdraws them for unstated reasons, and victims are left with the financial burden of the damage. This ripple effect never seems to be addressed by anyone and the Crown does not have to explain their actions to the victims."

-First Responder Survey-

Police stated that when they did lay charges, the Crown was reluctant to prosecute small property crimes or drug possession charges. More than one stakeholder commented that for Red Deer, "This is the new normal." As a result, many stakeholders indicated that the community is losing confidence in the police and the justice system, and many people are no longer calling the police or reporting crime, even for serious and violent offences. The Review Committee also heard that there was significant talk of vigilantism within Red Deer.

The Review Committee was informed that the increase in crime near the site has a significant impact on security costs for every downtown business. It was also the first location where the Committee heard of needles purposefully being placed to harm members of the public. The Review Committee was told that because of the high rate of crime in the area, some drug users at the SCS were arming themselves with weapons in self-defense. Even first responders reported significant concerns in this regard. As one person wrote in the First Responders' Survey: "Safety outside of the SCS is of concern, especially given that we carry narcotics. [The] area is poorly lit, and feels generally unsafe." A police officer wrote, "The area is unsafe to respond to alone. I have stopped vehicles in the area and have been surrounded by people. Nothing violent ever happened, but it was clear intimidation tactics."

³² Health, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health.

Calgary

Site Overview

Calgary's only SCS site is situated in the Sheldon M. Chumir Health Centre. A proposal exists for a mobile unit in the Forest Lawn neighbourhood, which is currently on hold pending this review. The Chumir Centre offers numerous health services that include the delivery of an opioid dependency program, a kidney disease clinic, geriatric health services, dental clinics, laboratory services and travel health services.

The SCS site is across the street from the 1.9-hectare Central Memorial Park, a designated National Historical Site, and is surrounded by small businesses, artisan markets, restaurants and a series of medium and high-rise multi-family condominium and apartment complexes comprising a population of 23,000. It is five blocks from the Elbow River and its walking/biking trails and parks.

In 2018, Calgary had the highest number of fentanyl-related deaths in the province. The number of accidental deaths due to fentanyl poisoning was 291, although with a rate of about 21.8 per 100,000 population, the city ranked fourth in the province among the major cities. In the first six months of 2019, the municipality reported 116 deaths for a rate of 17.1 per 100,000.³³ This is comparable to the provincial average of 17.2 deaths per 100,000 population. In 2018, the death rate due to opioids other than fentanyl in 2018 was 3.2 per 100,000 (32 deaths) while in the first half of 2019 it was 2.1 per 100,000 (seven deaths). For non-fentanyl-related deaths, the provincial average was 3.8 per 100,000 population in 2018 and 1.6 per 100,000 for the first six months of 2019.

The Safeworks site at Sheldon Chumir operates on a 24-hour basis and has been in operation since October 20, 2017. In its report to Alberta Health for the six-month period from April 1, 2019 to Sept 30, 2019, the site reported a total of 3,982 unique users with an average of 133 unique users per day.

Calgary Safeworks 2018/19 Data, last six months reporting period

Average cost per visit

\$52 x 33,208 visits

= \$1,718,253

Average Cost per Unique Client \$432

x 3,982 unique clients

Note: Costs per client and visit are rounded to the nearest dollar. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

Issues

The concerns raised in Calgary mirrored those raised elsewhere where sites are located: issues of needle debris, increased crime, potential effects on property values, and an increase in overall social disorder. Many residents who appeared before the Review Committee in Calgary were senior citizens who either lived in one of the nearby condominiums or the nearby seniors' residence. One elderly woman said, "We are prisoners in our homes." Overall, perceptions of the neighbourhood, known as the *Beltline*, have shown a steep decline recently. According to *Avenue Calgary Magazine*, liveability in "the Beltline was ranked number one in 2018 and number two in 2017. This year it ranked 32nd." ³⁴

The Committee was also made aware that a peer worker was trafficking narcotics at the Safeworks SCS site, while staff supported her. The trafficking of narcotics occurring in a government-run facility is of great concern. It was Calgary Police Services that made the arrest and advised the committee. This was the only confirmed case of drug trafficking or illicit activity occurring inside of the SCS sites.

³³ Health, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health.

³⁴ avenuecalgary.com/calgarys-best-neighbourhoods-2019/what-happened-to-the-beltline/

Grande Prairie

Site Overview

The Grande Prairie SCS, Alberta's first mobile SCS, opened on March 11, 2019. The unit is situated in the North Parking Area of Rotary House (a homeless shelter) at 10101-97A Street and is about 15 metres from the entrance of a makeshift fenced homeless camp of 72 people known as tent city. It is operated by HIV North (Northreach Society), a not-for-profit AIDS service organization. It is immediately adjacent to Grande Prairie City Hall, a block from the public library, two blocks from a school and a block west of a large residential area parallel to train tracks in a light commercial zone. It is open from 10 a.m. to 10 p.m. seven days a week. While it is referred to as a mobile site, the Health Canada exemption requires it to park at the same location when in service.

In 2018, the number of accidental deaths due to fentanyl in Grande Prairie was 24, resulting in a rate of about 32.4 per 100,000 population.³⁵ With this, the city ranked second in the province among the major cities for overdose deaths. In the first six months of 2019, the municipality reported 19 deaths for a rate of 51.0 per 100,000, which is almost three times the provincial average of 17.2 deaths per 100,000 population for that same period. In 2018, the death rate due to opioids other than fentanyl in 2018 was 3.6 per 100,000 (two deaths), while in the first half of 2019 it was 5.4 per 100,000 (one death). By comparison, for non-fentanyl-related deaths the provincial average was 3.8 per 100,000 population in 2018 and 1.6 per 100,000 for the first six months of 2019.

In its report to Alberta Health covering the period from April 1, 2019 to Sept 30, 2019, the site reported a total of 166 unique users. Because of the mobile configuration of the site and its relative newness, it only services a few unique users per day.

Issues

The Grand Prairie site is the most recently established, the smallest, and the only "mobile" site in operation. The site is reportedly taking a slow and measured approach to providing services in response to the negative reaction such sites elicited in other locations. Although the site is near a municipally sanctioned "tent city," it services only a small percentage of the residents. One community member states "This is not harm reduction, this is harm production."

Similar to other sites there were significant concerns around needle debris, open drug use, social disorder, continued overdoses and deaths, and a lack of enforcement and police response.

"There appears to be little to no accountability with regards to the service provided. It is my understanding a SCS is meant to provide addicted users a place to get their 'fix' with the end of goal of eventually entering treatment. All that appears to be happening is individuals get their place to use drugs with no repercussions. The SCS is also located right beside the Rotary House, which also functions as an emergency shelter and provides other services to addicted individuals. The area is now used as a base of operations for property crime in Grande Prairie. Many times I have attended and seen STAFF MEMBERS whom I have previously arrested for drug and property crime. Most of the detachment as expressed concern, but it's out of the control of the police."

-First Responder Survey-

Grande Prairie Northreach Society 2018/2019 Data, 204 days of operation

Average cost per visit

\$263 x 4,972 visits

= \$1,307,119

Average Cost per Unique Client \$7,874

x 166 unique clients

Note: Costs per client and visit are rounded to the nearest dollar.
These visits do not include visits for supplies, wound care, or referral services.
They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

³⁵ Health, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health.

Edmonton

Site Overviews

The City of Edmonton has four SCS sites, all located in the city's downtown core. Three supervised consumption sites opened between March and November 2018 — at Boyle Street Community Services, the George Spady Centre and Boyle McCauley Health Centre. The fourth, at the Royal Alexandra Hospital (RAH), is an addiction physician-run program specifically servicing in-patients at the hospital facility, and is distinct and separate from the other three sites. The other three facilities are a short walking distance apart and have varied hours of operation in order to provide a 24-hour service. Boyle Street Community Services and the George Spady site are immediately west of the 97th Avenue Chinatown Corridor, and Boyle McCauley is directly east of the Chinatown Corridor. The Boyle Street Community site is situated diagonally across from Rogers Place. George Spady is south of the EPCOR Tower, while the Boyle McCauley site is situated in a residential area. All three locations are close to businesses, restaurants and residential properties, and proximal to various shelters, outreach and support services.

In 2018, Edmonton had the second highest number of fentanyl-related deaths among major cities in the province. The number of accidental deaths related to fentanyl was 179, which translates into a rate of about 18.1 per 100,000 population.³⁶ Thus, while the number of deaths seems high at face value, the overall rate was lower than the provincial average of 21.3 per 100,000. In the first six months of 2019, the city reported 80 deaths for a rate of 15.7 per 100,000. Again, this placed it below the provincial average of 17.2 deaths per 100,000 population (although in the second quarter of 2019 there was a significant increase).

Unlike the other sites in the province, the three Boyle Street Services Society-operated sites' latest reports to Alberta Health covered the six-month from January 1, 2019 to June 30, 2019. Boyle McCauley Health Centre reported 605 unique users during the period with an average of 42 unique users per day.

Boyle McCauley 2018/2019 Data, last six month reporting period

Average cost per visit

\$38 x 8,827 visits

= \$337,278

Average Cost per Unique Client \$557

x 605 unique clients

Note: Costs per client and visit are rounded to the nearest dollar. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

The Boyle Street Community Services site reported 821 unique users for the period, but did not report an average number of unique users per day.

Boyal Street Community Services 2018/2019 Data, last six month reporting period

Average cost per visit

\$47 x 15,603 visits

= \$734,915

Average Cost per Unique Client \$895

x 821 unique clients

Note: Costs per client and visit are rounded to the nearest dollar. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

³⁶ Health, Government of Alberta (2019) *Alberta Opioid Response Surveillance Report: Q2 2019*. Edmonton: Analytics and Performance Reporting, Alberta Health.

The George Spady site reported 659 unique users during the period with an average of 35 unique users per day.

George Spady 2018/2019 Data, last six month reporting period



Note: Costs per client and visit are rounded to the nearest dollar. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

The Royal Alexandra Hospital reported 331 unique users during the period, but did not report an average number of unique users per day.

Royal Alexandra Hospital 2018/2019 Data, last six month reporting period



Note: Costs per client and visit are rounded to the nearest dollar. SCS user reports submitted to Alberta Health may have included clients from more than one harm reduction program. These visits do not include visits for supplies, wound care, or referral services. They are supervised consumptions only
Source: SCS Grant Proposals and service provider reports provided to government

Issues

Consistent with most other locations in the province, residents of Edmonton complained of excessive amounts of needle debris (Safeworks distributed 2.3 million needles in 2018) and increases in crime and social disorder. It should also be noted that Edmonton was the only location in the province where municipal needle clean up crews were forbidden to collect needles on private property even when requested to do so by

residents. This was a concern that individuals appearing before the Review Committee raised on multiple occasions. This was not an issue in other locations where an invitation by private property owners negated any concerns.

As in Medicine Hat, many residents who spoke to the Review Committee were adamant that they had not been consulted about the locations and provided documentation to support their assertions. Of particular concern was that the cluster of three walk-in sites located on the edges of Chinatown was destroying the economic viability of the community. The impact on local business owners — many of whom were minority Canadians — has been devastating. Many retail establishments, which are best described as “mom and pop operations,” have reportedly had to close, since customers no longer feel safe going to the area. The Review Committee also received a petition with 2,025 signatures from residents and business owners from the Chinatown area in Edmonton, asking that the exemptions for the sites be suspended or withdrawn pending a review of the sites.

The Review Committee was asked for more in-camera meetings in Edmonton than elsewhere in the province. Several residents indicated that they did not feel safe and would not speak at the town halls or any other public forum. Some felt they would be targeted by activists and SCS employees. This claim appeared valid, since Edmonton was the only location where the open intimidation of one group by another at the town hall meetings was observed. This reinforced the view that, within Edmonton, the sites were highly divisive and were contributing to extensive cleavages within the community. Several members of the Committee also expressed concerns to the ministry about the militant fashion in which some stakeholders conducted themselves, and which resulted in a committee member walking out of the town hall meeting after feeling intimidated.

While relations between the police and SCS personnel were reported to be fractious at times at some sites, relations in Edmonton appeared to be especially problematic. As one police officer wrote, “dealing with the staff at the sites is always confrontational. They refuse to cooperate with investigations and have even refused when they themselves are attacked by a user of the site. This has resulted in complaints against officers who attend and led to de-policing of the sites and surrounding areas.”

“Why is there no discussion or focus on the drug traffickers?”

Participant in town hall meeting

“[The sites have] created a concentrated environment for disorder in the areas of the SCS sites... increased calls for service to police as a result and a feeling from the people of Edmonton that Downtown and the areas with these sites are a dirty part of Edmonton and unvisitable.”

“Staff [at] these sites are extremely anti-police. When people OD and EMS is called, EMS calls police for their safety and we always end up fighting with staff because they will not let us enter. It has strained any possible relationship a great deal, and it's on them. They are often quite rude.”

Respondents from First Responders' Survey

“As School Resource Officer in K-12 school, I have seen an increase in the number of new and used needles being left in the school yard. Almost daily either myself or a school custodian has to pick up needles left behind because they are not being properly disposed of. The obvious concern with this is the risk to the most vulnerable community, the kids attending school. Needles can be found in the back schoolyard where Grades 4-6 play at recess, or the tennis courts where Kindergarten kids often play. It got so bad that an exterior sharps container was placed on the outside fence of the tennis courts to properly dispose of the needles when found. Often the needles are found next to the tennis courts fence near the track where students sit and have their lunches. Recently I came across a male who had just left the Royal Alex Hospital with clean needles and had sat down in my schoolyard to inject his drugs. This was mere feet away from where kids in Grades 4-6 play. I do not believe having a safe consumption site across the street from a school is logical or safe for our most vulnerable in the community, kids.”

Medicine Hat

Site Overview

The Medicine Hat SCS operator (HIV Community Link) has initiated an exemption application with Health Canada and a potential site has been selected (4th St. SE and S. Railway St.). However, startup funding for the site was frozen in March 2018 pending further review.

In the first six months of 2019, Medicine Hat reported the second lowest rate of apparent accidental poisoning deaths related to fentanyl of the six municipalities (11.6 per 100,000 population). In the first three months of 2019, Medicine Hat has not experienced any apparent accidental drug poisoning deaths related to an opioid other than fentanyl. In the first six months of 2019, Medicine Hat reported the third-lowest rate of EMS responses to opioid-related events of the seven municipalities (102 per 100,000 population).

Issues

The primary concern raised about the Medicine Hat SCS site suggested there was a lack of adequate community consultation. Many residents, including those in the immediate proximity to the site, indicated that they had not been properly consulted regarding the potential location. Community representatives appearing before the Review Committee described the overall process as a “disingenuous consultation” and a “one-way conversation.” When these did take place, consultations were described as hurried and misleading. The operator was also described as not being transparent with respect to what they were proposing. For example, one submission to the Review Committee noted that despite claims by the operator, letters of support solicited for the operation were for the service, not the location. We would also note that while the service provider had spoken to the police, Medicine Hat Police Services were not consulted on the actual location for the site.

The proposed location is within a few hundred metres of a funeral home, a retirement home, schools, a church and a residential area. After discussing the matter with residents, police and city officials, it was evident to the Review Committee that had adequate consultation taken place, better alternatives would have been suggested. For example, many people suggested that municipally owned land east of Maple Avenue near the South Saskatchewan River would be preferable. That location is not far from the currently proposed site and is also an area where there appears to be a high concentration of drug users. It is not, however, in the midst of pre-existing businesses.

We would also point out that the proposed site is adjacent to an existing needle exchange — HIV Community Link Medicine Hat. Numerous residents and business owners noted that, since the opening of the needle exchange, the amount of needle debris and crime in the area has increased. One

business owner who was operating near to the exchange indicated that her business had been broken into several times since the site opened. As another resident somewhat poignantly noted, “quality of life is impacted, not just for addicts.” A firm one block from the proposed site reported that people were already shooting up at their building, drug users were urinating and defecating in front of their building, prostitution was becoming an issue, crime was already increasing, vehicles could no longer be left unattended and staff do not feel safe entering and exiting the premises.

Another important issue raised was whether a SCS site was an appropriate response to the drug problem in Medicine Hat. Most deaths due to opioid overdoses that had occurred since the site was scheduled to be opened, were beyond a two kilometre radius of the site and tended to be in people’s homes. Members of the medical community who spoke to the Review Committee indicated that they did not support the site. Instead, they suggested support was needed for greater access to detox, treatment and rehabilitation services. Furthermore, both the police and medical personnel the Review Committee spoke with indicated that the introduction of methamphetamine to the community was “the game-changer” as far as the community and emergency services were being impacted.

“SCS site is being considered for my community. I previously worked in a community that did and found that the SCS most often worked in conflict with police. There are several issues at play, and on one side you have the addiction itself and then the crimes/lifestyle that accompany the addiction that directly impacts the police and the community.”

-First Responders’ Survey-

Chapter 5

Saving Lives and Reducing Harm

The Review Committee does not challenge the conventional assertion that supervised consumption can save lives. Consuming substances from unknown sources with unknown components and unknown dosing places the drug user at risk. The key issue, however, is whether alternatives exist that may be more effective than the current model. Furthermore, assuming SCS sites are to remain an option (which is not a question the Review Committee was asked to address), is there a better implementation model that might reduce the negative impacts on the local community? The Committee's investigations indicate that while there have been no deaths reported on-site, deaths due to opioid overdoses are unabated, both within the immediate vicinity of the SCS sites and elsewhere. In fact, the total number of deaths near SCS sites increased disproportionately to other contiguous regions after the sites opened. While we observed and documented this pattern, it was not within our mandate to infer any putative causal nexus. Also, due to time and data constraints, we were unable to determine the answers to many other pertinent questions, such as how many individuals who died near a SCS site were individuals who might have accessed the site's services at some point.

By comparing the total number of unique visitors within a given period to the number of individuals who use a SCS site on any given day, it is evident that most drug users who have visited a SCS site at some point consume substances in venues other than the SCS site. Most overdose deaths related to opioid consumption in Alberta do not occur in areas where a SCS site is located.³⁷ Although we do not have estimates of the total number of users in any given region, logic and anecdotal evidence suggest that there are many more users in the area who have either visited a SCS site or who visit it regularly, and there are many who do not. It is important to note the vast majority of deaths in the 2017 review of medical examiner data occurred within a private residence. Based on this, it is evident that, while the current SCS model may serve a minority of drug users well, it has little potential to serve the majority of drug users on a regular and consistent basis.

Another significant issue our investigations raised was related to the mandate of the SCS sites. Originally, SCS sites were

implemented to reduce the incidence of opioid-related overdose deaths, open public drug use, and to reduce the spread of blood-borne diseases through the provision of clean needles and related paraphernalia. The face of drug use in Alberta continues to evolve. While opioid consumption remains an issue, it is evident that many site users are there to consume non-opioid illicit substances such as methamphetamine (which is not associated with the same risk of overdose death as opioids). Some sites have also encouraged on-site methamphetamine consumption by constructing inhalation booths, allowing for supervised consumption of non-opioid substances.

The risk of death using methamphetamine is much lower than using opioids.³⁸ Inhalation of such drugs may increase the risk of blood-borne diseases like Hepatitis C or HIV, however, no intervention has been found to reduce this risk. SCS sites are not designed to adequately or effectively address the neurologic, psychiatric or behavioural effects of methamphetamine consumption about which many residents and stakeholders complained. Methamphetamine misuse is not the same as opioid misuse. Unless the SCS sites can effectively mitigate the negative social consequences caused by amphetamines, they are, as one resident noted, little more than "government-supported crack houses."

A One-Pillar Stool

Canada's Drug Strategy is based on four pillars: prevention, enforcement, treatment and harm reduction. SCS sites speak to the issue of harm reduction. However, the way this multi-pronged approach is currently implemented in Alberta, harm reduction has taken precedence over the other three pillars. Often the Review Committee heard that treatment referrals from SCS sites were little more than nominal suggestions and rarely in the consultation process did anyone speak to the issue of prevention. We were provided with exceedingly limited documentation of successful referrals of SCS clients into the appropriate level of addiction recovery treatment.

Another concern for the Committee related to law enforcement in and around the sites. Contrary to what many believe, trafficking and possession of illicit drugs remains illegal. Substances such as heroin, non-prescribed fentanyl and methamphetamine are still restricted under the *Controlled Drugs and Substances Act*. The exemption under Section 56.1 is, "For the purpose of allowing certain activities to take place

³⁷ Most deaths are users who are male, in their late 30s, and using alone at home and not "street addicts." See: Government of Alberta (2019) *Opioid-related deaths in Alberta in 2017: Review of medical examiner data*. Edmonton: Alberta Health, Analytics and Performance Reporting. Available online at: alberta.ca/opioid-reports.aspx

³⁸ drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

at a supervised consumption site...” This exemption is not a blanket one that suspends the act in some broadly undefined vicinity of the site; it is applied explicitly at the site. The exemption does not authorize drug dealing, or the possession of substantial quantities of illegal substances within an arbitrary distance from the site.

At town hall and stakeholder meetings, many community members, business people, government workers, SCS employees and clients indicated they believed there was a no-go or “safety zone” around the SCS sites where police were not allowed to enforce the law. This issue was raised before police executives and front-line officers who indicated that no such zone existed. However, many front-line officers stated that there have been issues with SCS workers and clients who mistakenly, but adamantly, believed such a zone did exist. The review panel heard multiple examples from police that enforcing the law in and around the SCS sites was often met with confrontation and a lack of cooperation by SCS staff and clients.

Drug traffickers appear to be openly conducting their business unabated near the SCS sites, due to a burgeoning client base. Drug users purchase their drugs from these individuals, as it reduces the need to transport an illicit substance over a distance, thus reducing the potential of being arrested for possession of an illicit substance. The police are placed in the untenable position of determining how to appropriately engage with clients of the SCS while clients engage in illegal activities such as theft, prostitution and break-and-enter to pay for their drugs.

“SCS is [a] constant work load. Not only at the site but the foot traffic to and from the site has caused call increase as the crimes around the SCS is people fuelling their habits.”

-First Responders’ Survey-

Many police officers expressed frustration with policing near the SCS sites, and this seems to have evolved into a form of de-policing because of the ambiguity in dealing with individuals around the sites. De-policing under these circumstances consists of avoiding interactions and enforcement around the sites to minimize criticism and the withdrawal of legitimate charges. Many officers are conflicted with how to address overt criminal activity and are looking for some supportive direction or policy to better protect community members and businesses, as well as SCS workers and their clients.

This reduction in enforcement practice has two major implications. First, in contradiction to the frequently cited Portuguese Model, it undermines one of the key pillars used to nudge drug users into treatment.

Reduced enforcement takes away a substantial reason for drug users to consume inside the sites. Furthermore, reduced enforcement enables drug users to more easily engage in criminal activities to support their drug use. SCS advocates are correct in their assertion that SCS sites are located where high concentrations of drug users already exist. However, current practices exacerbate existing social problems and encourage a higher concentration of drug users and trafficking within those areas.

Lacking an integrated approach also causes many SCS site personnel and some law enforcement agents not to see themselves as being on the same team. Police officers complain about the lack of cooperation by consumption site personnel. Similarly, some site personnel perceive police officers as obstructionists undermining the harm reduction agenda. Ideally, both should be collaborating to improve the lives of Alberta’s most vulnerable citizens.

De-emphasizing law enforcement also undermines the public’s respect for the rule of law. Many citizens have become so jaded that they no longer call the police when they see a crime taking place or when they are victimized. As one resident of Edmonton’s Chinatown told the Review Committee, the only “good news” of late was that there was no longer anything left to steal in Chinatown, so perpetrators were moving on.

Logic dictates that enforcement discretion is required if drug users are to be able to bring controlled substances to the consumption site. What the Government of Alberta (and other jurisdictions in Canada) have not done is provide explicit guidelines to law enforcement regarding that discretion. Without guidance from the Province, there is substantial confusion among citizens, local politicians and police officials as to what constitutes appropriate enforcement policy. Not only does this undermine the morale of law enforcement, it brings the legal system into disrepute in the eyes of the public. Implicit or explicit “stand down” rules have resulted in some areas becoming lawless no man’s lands from the perspective of the public.

Consultation/Communications Issues

Poor communications and inadequate consultation were recurrent themes both in the town hall meetings and other submissions presented to the Review Committee. To obtain an exemption from Health Canada under Section 56.1, site operators are required to file an application. According to Health Canada, “an application includes consultation with a broad range of people in the community.”³⁹

Many residents, property owners and business operators near both existing and proposed sites indicated that there was little consultation regarding site selection. Many presenters complained that the first time they became aware of the proposed SCS site was after the location was selected. All site

³⁹ canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/apply.html

operators with whom the Review Committee met indicated that they had informed residents in the areas by mailing out notices of meetings and by holding public consultations. In Medicine Hat, for example, the operator of the proposed site indicated that several hundred notices had been mailed in the area of the proposed site. Nonetheless, every business operator adjacent to the proposed site told the Review Committee that they had received no prior notification of the site selection whatsoever.

While it was not the role of the Review Committee to determine the veracity of assertions on either side, it is obvious a significant communications gap exists in several communities where SCS sites have been established. Several residents appearing before the Committee complained that, while information meetings were held, attendance was either by invitation only, or the venue was so small that many attendees were turned away.

While Health Canada issues the exemption, nothing restricts the province from imposing additional requirements for a site to obtain provincial funding, such as having an independent entity do the consultations rather than the site applicant, who is often seen as having a conflict of interest.

Once the sites became operational, many stakeholders complained that operators provided inaccurate or misleading information regarding the level of site use either on their websites, or in other public forums. Examples included the presentation of selective statistics, or statistics that often contradicted one another. For example, some site's webpages initially published the total number of needles distributed. Once substantial complaints about needle debris were raised, several stakeholders noted those statistics were dropped from the agencies' websites and information on the volume of needle distribution was no longer publicly available from some sites.

The Review Committee also noticed this reluctance to provide pertinent information during the consultations. Most operators readily indicated the total number of client visits since opening, but only a couple were willing to give the Review Committee an estimate of the average number of unique users per day. This latter statistic is one of the few items of information that site operators are required to report to Alberta Health in their periodic reports.

Provincial Oversight

A significant issue voiced at the town hall meetings was about the lack of availability and coordination among various services. Both supporters and detractors of the SCS sites expressed concern about the lack of readily available detox, treatment and rehabilitation options. They perceived a system that was largely fragmented and dysfunctional. For example, at Lethbridge, one of the busiest sites in the province (and arguably in the world), the mayor explained there was no detoxification centre within the city. Where facilities did exist, issues were raised about wait

times, ancillary costs and difficulties in moving seamlessly from one facility to another. Most people who spoke to the Review Committee, including those in opposition to the sites, expressed concern for their fellow citizens who were struggling with addiction. They clearly wanted a health care system that could help people become whole.

One respondent from Red Deer, writing in the First Responders' Survey, seemed to have a clear view of what was needed:

"Create a 'one-stop' shop where services are obtained. A 24-hour shelter, counseling, addictions, mental health services can all be provided. Housing, food, jobs, ID (Service Alberta) SIN numbers and all the pieces needed to make progress to improve their lives. Where they are not kicked out at 7a.m. to wreak havoc on society, loitering, panhandling and committing petty crimes to feed their habits. A place to learn social skills, maintain personal hygiene and become productive members of society."

The Review Committee also noted a reported lack of provincially standardized operating and reporting procedures, training standards and protocols, and other regulations relating to the sites. Most likely, many of these were overlooked in the haste to open the sites due to an exponential spike in overdoses and overdose-related deaths. SOPs regarding best practices in needle exchange or distribution, for example, could help alleviate problems associated with excessive needle debris in public spaces. Some site operators were not clear as to what information they ought to be providing to the ministry and why. In the site financial and utilization reports, data were often missing, data fields (for example time periods) were either ill-defined or contradictory and key terms such as the meaning of "visits" were unclear.⁴⁰

There are no explicit guidelines to law enforcement, and without guidance from the province there is substantial confusion among citizens, local politicians and police officials as to what constitutes appropriate enforcement policy. Not only does this undermine the morale of law enforcement, it calls the legal system into disrepute in the eyes of the public. Implicit or explicit "stand down" rules have resulted in some areas becoming lawless no man's lands from the perspective of the public.

40 For example, some site operators seemed to report only visits that involved an injection or other form of consumption. Others separated out the number of visits that resulted in consumption from those that simply involved using the bathroom or seeking advice. Others appeared to count any form of attendance as a "visit." Examining the reports, the Review Committee found it difficult to reconcile the total number of visits; total number of unique visitors; average number of unique visitors per day; the average number of injections per day; and, the average number of visits per user per day.

Considerations

The Review Committee urges consideration of the following:

Quality Control and Outcome Measurement

- The committee recommends that the government consider re-aligning mental health and addiction funding to reflect local realities and priorities.
- Should the Province of Alberta maintain the current SCS strategy with the two proposed sites in Medicine Hat and Red Deer, and an additional mobile site in Calgary, it is the view of the Committee that an arm's length oversight / regulatory body, with the necessary expertise, be created for any future site selection, renewal of existing contracts, vetting of potential future providers, and implementation.
- Alberta SCS sites are currently operating as stand-alone entities with limited oversight. The Committee found that some sites would benefit from standardized rules, policies, practice guidelines and regulations to help them deliver better services. The Alberta government needs to facilitate the creation of standard operating procedures and regulations addressing conduct, treatment standards, patient identifiers, medical records and outcomes to ensure quality control and accountability for SCSs.
- The current Alberta SCS model focuses solely on harm reduction with a marginal emphasis on treatment and recovery. Recovery-oriented addiction management needs to be mandatory training and education curricula for all disciplines (social work, nursing, undergraduate medicine, family practice, addiction psychiatry, addiction counsellors) working at SCS sites.
- The Committee learned that users not identifying themselves at the sites often resulted in their inability to access medical services that would lead to recovery. Therefore, it should be a requirement for all SCS clients to provide appropriate identification. If the client does not have identification, the SCS must facilitate the process to obtain it as part of providing referrals to treatment and access to the broader range of services afforded other Albertans.
- The Committee found that several of the SCS sites were not promoting paths to treatment and recovery. There must be appropriate referral processes into the continuum of recovery-oriented addiction care with accountability measures introduced to monitor proof of completion by those referred.
- The quality of care provided at sites was not standardized and, often, did not meet medical healthcare standards. SCS sites should be directed and supervised by physicians with recognized expertise in Addiction Medicine and should serve as entry points into a recovery-oriented system of care. The assertive linkage of users of SCS

should result in immediate access to medical stabilization and managed opioid programs where appropriate.

- All SCS sites should be audited semi-annually by the provincial government to ensure consistent, quality services that maximize paths to treatment and recovery, as well as maximizing resource (human, information, financial, structural, and other) investments.
- Throughout the town hall and stakeholder meeting process, the Committee became aware of numerous incidents of individuals and properties that suffered significant negative impact. This included citizens who were assaulted, incurring life-altering injuries. The Province of Alberta may consider examining potential vicarious liability and mitigation strategies regarding this issue.
- The Committee found that, while there was a deep divide between those who supported and those who opposed the SCS sites, both groups agreed overwhelmingly that there needed to be greater access to detoxification, recovery and treatment services. It is the view of the Committee that the financial investment by the Alberta government needs to be weighted more toward treatment, along with a necessary balance between prevention, enforcement and harm reduction.

Public Safety & Social Disorder

- The Committee found that enforcement of the law proximal to the SCS sites in Alberta was inconsistent and often absent due to local politics, interpretation of the law, fear of criticism and apathy. Alberta Justice and Solicitor General, in consultation with front-line police officers, needs to create a meaningful and consistent policing policy that empowers law enforcement in and around the sites to maximize public safety.
- Health Canada exemptions for the SCS have created a difficult challenge for police officers who work near the SCS sites. Clients and staff at all SCS sites need to be informed in the clearest terms possible that the Section 56.1 exemption does NOT apply to Criminal Code offences, and that police attending the SCS site to conduct a criminal investigation shall not be in any way be obstructed from performing their duties. Alberta Justice must create a strategy for intensifying prosecutions for property- and drug-related offences, most particularly trafficking in and around the SCS, including the creation of drug courts that have the capacity to dissuade individuals and divert them into recovery-oriented systems of care.
- Each police service that polices a SCS site has a different way of reporting calls for service. It is challenging to obtain consistent statistics for comparison and proper resourcing. Alberta Justice and Solicitor General should create policy

that standardizes reporting requirements for all calls for service for all first responders in the Province of Alberta to better allocate resources and solve associated problems.

- The Committee found that the biggest issue that impacted communities was needle debris. The current SCS policy is needle distribution as opposed to needle exchange. The Province of Alberta should immediately enact policy for needle exchange.
- Except for the Royal Alexandra Hospital site, the Committee found that the majority of negative interaction with residents were perpetrated by methamphetamine users proximal to the SCS. There is a need for a SCS protocol for managing and releasing intoxicated people into the community that ensures the safety of community, SCS clients and staff.
- The SCS sites were mandated to respond to the opioid crisis; however, they are responding to methamphetamine use up to 50 per cent of the time in some locations. There is a significant requirement for a different strategy to respond to methamphetamine use.
- A significant impact on all communities hosting a SCS site was open defecation and urination in public spaces that include doorways, garages, streets, walkways, resident yards and parks. Municipalities should immediately provide for permanent public washroom facilities in and around the SCS sites.
- Specific to Edmonton, the Committee was told of numerous small businesses that had closed near the three sites (apart from the Royal Alexandra Hospital) over the past year. The Committee was also advised that the number of pharmacies that had opened in the previous year in the same area had increased dramatically. Due to time pressures, the Committee was unable to explore this further, but believes it needs further investigation.
- Based on consultations and statistical analysis, the Committee is of the view that there is no immediate need for a SCS site in Medicine Hat or the mobile site in Forest Lawn, Calgary.
- The Committee is of the view that, due to the complexity of this issue, there needs to be strong and effective cross ministerial collaboration and cooperation (i.e. across Health, Indigenous Relations, Justice and Solicitor General, Mental Health and Addiction) to ensure the health and safety of all Albertans impacted by the SCS sites.
- Supervised Consumption Services should be directed by addiction medicine expertise as an entry point to recovery-oriented systems of care, including a managed opioid program. Managed opioid programs and opioid agonist therapies have been shown throughout the literature to reduce criminal behaviour and drug trafficking,

along with deaths and blood-borne illnesses. By reducing the need to purchase illicit opioids, it would help to reduce the trafficking of drugs in the areas of the OPS sites leading to less crime and social disorder.

Final Comments

The Supervised Consumption Services Review Committee acknowledges that the opioid problem is a complex issue. Current responses are a work in progress that requires clear outcome measures and an alignment of priorities and considerations toward the long-term goal of safer communities that include all Albertans. In Europe, SCSs have been successfully incorporated into effective harm reduction strategies with proven effectiveness when carefully integrated into comprehensive, coordinated inter-sectorial interventions including prevention, enforcement, treatment and longer-term recovery management. There are serious problems with supervised consumption and needle distribution services as they are currently being provided in Alberta. However, if these services are improved and incorporated into a comprehensive recovery-oriented system of care, SCS delivered by properly trained and supervised personnel may serve a vital role in attracting, engaging, motivating and assertively linking their clients with effective healthcare and social services resources. This will offer the greatest chance to help lift these most vulnerable Albertans with addiction out of their current plight and launch them on their individual journeys of recovery.

Appendix I

Background: Harm Reduction and Drug Policy

The concept of harm reduction comes from an understanding of the potentially detrimental effects of drug consumption based on the substance's pharmacology, route of administration, the individual using the drug and the setting in which it is consumed. When looking at population-level harms of drug use, it is a constellation of outcomes that require our attention. Harm reduction policies look to reduce these effects at both the individual and population level. These policies are aimed at, but not limited to: the spread of infectious disease, addiction or problematic drug use, bacterial infections, physical and mental health consequences, accidental deaths and injuries and deaths due to overdose. Harm reduction can often be unnecessarily controversial due to a lack of understanding of its goals and purposes.

Contemporary supervised consumption sites have their origins in the practices of various European cities where they have operated for the past three decades.⁴¹ The initial impetus for SCS was to address the spread of HIV/AIDS, which was increasingly linked to an upsurge in intravenous heroin use throughout Europe in the 1980s. The AIDS epidemic, it must be recalled, was considered the premiere health concern of the latter part of the 20th century since there was no known cure or significant ameliorative response at the time. It was this concern with the spread of the AIDS virus that initially conflated the issue of treating and preventing illicit drug use with the spread of blood-borne diseases.⁴²

The notion underlying supervised drug consumption was that the harms associated with drug injection and other high-risk forms of consumption could be mitigated by providing sterile needles, counselling and support services, medical assistance in the event of an overdose and access to treatment services.

As the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) states:⁴³

“These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.

41 European Monitoring Centre for Drugs and Drug Addiction (2018) “Drug consumption rooms: an overview of provision and evidence.” Lisbon. Available online at emcdda.europa.eu/topics/pods/drug-consumption-rooms

42 While there are numerous diseases that can be spread by sharing needles, of primary concern are HIV/AIDS, Hepatitis B and C, and syphilis.

43 Ibid.

They also seek to contribute to a reduction in drug use in public places and the presence of discarded needles and other related public order problems linked with open drug scenes.”

A key assumption underlying the facilities was that many drug users were going to engage in medically unsafe use practices rather than seek immediate treatment for their addiction. The goal thus became one of providing a harm reduction mechanism until the drug user was ready and willing to seek treatment. The notion of harm reduction as a complementary mechanism to the prevention and treatment of illicit drug use gained greater acceptance as a policy element throughout Europe in the 1990s.

This harm reduction strategy, however, was not embraced universally. According to the EMCDDA:⁴⁴

“[O]ne of the more controversial responses has been to make spaces available at local drugs facilities where drug users could consume drugs under supervision. Concerns have sometimes been expressed that consumption facilities might encourage drug use, delay treatment entry or aggravate the problems of local drug markets...”

Regardless, seven EMCDDA reporting countries currently host 78 official drug consumption facilities and another 12 are in Switzerland. It should be noted, however, that some sites have been closed in Switzerland and Spain due to a reduction in injection heroin use and cost factors.

The service model proposed by EMCDDA includes: assessment and intake; supervised consumption area; other service areas; and referral. It is important to note the other service areas includes case management, counselling and services. As mentioned, one of the key goals of the supervised drug consumption facilities is to “connect high-risk drug users with addiction treatment.” The EMCDDA maintains that a common feature among consumption facilities include restriction to regional registered users.

The Four Pillars Approach

The four pillars approach, as it has become known, appears to have had its origins in Switzerland in response to a disastrous experiment with open drug use during the 1980s and 1990s in Zurich's Platzspitz, or Needle Park, as it became known. At that time, drug use was rampant throughout Switzerland with large clusters of drug users and suppliers congregating in public parks. Attempts by the police to address the problem

44 Ibid.

through enforcement merely led to groups of users being displaced elsewhere. Trying to contain the problem, in 1987 Swiss officials allowed illegal drug use and sales in Platzspitz. Police monitored the park but did not enter or make arrests. Eventually, clean needles were given out to addicts as part of the Zurich Intervention Pilot Project.^{45, 46}

This approach at decriminalization was not successful and the park soon became a magnet for dealers and drug users, often numbering in the thousands. The negative social impact of drug use in the park, including public prostitution, rising numbers of assaults and secondary criminal activity, became untenable. According to the German language newspaper, *Tages Anzeiger*, “One police officer who worked daily shifts at Platzspitz remembers how things were: «People were laying around in their own blood and feces like battlefield casualties. Those still on their feet simply stepped over them».”⁴⁷

The situation finally reached a point where officials were forced to clear the park in 1992. Unfortunately, closing the park to users only served to disburse the problem throughout Zurich, with a major group reforming at a nearby abandoned railway station. It was at that point that the Swiss reformulated their strategy to include a harm reduction approach while including the other three pillars, including law enforcement.⁴⁸

Health professionals responded with a surge in activity: treatment capacity was increased, shelters and day programs were provided, and low-threshold contact and counselling centres were set up throughout the canton. The result was an infrastructure of medical and social care, which helped prevent the same catastrophic consequences when the scene at the railway station was finally closed down in 1994.

In the same year, new clinics for heroin-assisted treatment for the most chronic and marginalized addicts were set up.”

Harm reduction as one of the four pillars of a drug policy was first documented in 1989 at the Zurich City Council.⁴⁹ In 1998, the Swiss voted for a formal four pillars policy that added harm reduction to the existing three pillar policy of prevention, treatment and enforcement.^{50, 51} This established a drug policy which now included harm reduction, treatment, prevention and enforcement as key measures. As the *Tages Anzeiger* wrote of the issue, “The Platzspitz problem had arisen due to a combination of disastrous social romanticism,

ideological blindness and a laissez-faire attitude, with whole neighbourhoods ultimately being devalued to the point of poverty.”⁵²

The Portuguese Model

Perhaps the most cited example of the four pillars policy is what has been implemented in Portugal.⁵³ As with the Swiss, the Portuguese were facing a public health crisis in the 1990s. It is estimated that close to 1 in 100 Portuguese were using heroin at the time. A strict enforcement regimen appeared to have little impact. Consequently, Portugal enacted a policy of limited decriminalization of drug use in 2001 and incorporated that into an element of harm reduction.⁵⁴ While quite different from the Swiss model in implementation, Portugal has explicitly incorporated the four elements of prevention, treatment, enforcement and harm reduction in its drug policy.

While the Portuguese model is often cited as an example of the benefits of decriminalization and harm reduction, a couple of key aspects of the policy are often misrepresented.⁵⁵ First, harm reduction is only one element of the broader program that includes a strong focus on treatment and prevention. Second, the policy of decriminalization is limited, and all drugs remain illegal except for tobacco and alcohol. If found in the possession of illicit drugs, individuals are arrested and taken to a police station. The drugs are confiscated, weighed and, depending upon the amount and type of drug, the individual can be charged with trafficking. Possible jail terms upon conviction range from one to 14 years. If the illicit substance is below a threshold amount —what is considered a 10-day, personal use supply —the individual is referred to a Commission for the Dissuasion of Drug Addiction.⁵⁶

It is those commissions that make the Portuguese element of harm reduction somewhat unique.⁵⁷ Commission members can decide that a person’s drug use is not a problem and the case may be dismissed with no sanctions. In other circumstances, the individual may be given a fine or referred to social or group therapy. Frequent drug users are referred to a treatment program and if they decline to enter, they can be issued administrative sanctions that are independent of the

45 thelocal.ch/20120531/3427

46 swissinfo.ch/eng/the-needle-park-_25-years-on-the-end-of-zurich-s-open-drugs-scene/42934308

47 *Tages Anzeiger*. City of Zombies: Zurich, Summer 1991. Available at: tagesanzeiger.ch/extern/storytelling/needletrauma/chapter1/

48 thelocal.ch/20120531/3427

49 Uchtenhagen A. (2009) “Heroin-assisted treatment in Switzerland: a case study in policy change.” *Addiction*: 105:29-37.

50 Ibid

51 Gouverneur, Cédric (2018) “Switzerland’s experiment with addiction.” *Le Monde, diplomatique*. Available online at mondediplo.com/2018/11/13/heroin-switzerland

52 *Tages Anzeiger*. tagesanzeiger.ch/extern/storytelling/needletrauma/chapter1/

53 For a short history of the legal background, see: Cabral, T. S. (2017). “The 15th anniversary of the Portuguese drug policy: Its history, its success and its future.” *Drug Science, Policy and Law*. doi.org/10.1177/2050324516683640

54 Drug Policy Alliance (2018) Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach. New York. Available online at: drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf.

55 Laqueur, Hannah (2015) “Uses and abuses of drug decriminalization in Portugal.” *Law and Social Inquiry*. 40: 1-36. DOI: 10.1111/lsi.12104

56 Ibid

57 Commissions generally consist of three member Review Committees. Typically, one individual has a law enforcement or legal background and the other two have a background in treatment or social services.

criminal law. Typical administrative sanctions would include such outcomes as the suspension of a driver's license, a ban on visiting certain places, restrictions on associating with other people, restrictions on receiving public assistance or having to regularly report to the commission.

The Portuguese model appears to have been reasonably effective although, as João Goulão, the Director-General of Portugal's drug policy has indicated, it is not a panacea.⁵⁸ Regardless, the evidence appears to show that Portugal has been successful in substantially reducing both opiate use and new HIV infections.^{59, 60, 61}

Canada's SCS Strategy

Canada has been wrestling with the use of drugs, particularly opioids, and has looked to the European models for guidance in dealing with the opioid epidemic, which started to grip Canada in the 2010s. British Columbia has been particularly hard hit with the consequences of opioid abuse. While always an area of social malaise, the downtown east side of Vancouver has become infamous as the Canadian equivalent of Platzspitz. Insite, which was the first legal supervised consumption site in North America, was created to help address Vancouver's problem.

Insite appears to be loosely based on an element of the European approach to consumption facilities. Since drug dealing and possession are illegal in Canada, Insite required a special exemption from Section 56 of the *Controlled Drugs and Substances Act* through Health Canada in order to operate. An exemption was initially granted for a three-year period and the site operated between September 2003 and July 2008 under a series of extensions. A case was brought before the Supreme Court of British Columbia after the federal government declined to renew the exemption beyond July 2008. The court decided that laws prohibiting the possession and trafficking of drugs were in contravention of the Canadian Charter of Rights and Freedoms, since they denied users access to the health services offered by Insite.

The federal government's response was to introduce an amendment to the *Controlled Drugs and Substances Act* (Section 56.1) which would allow the government, through Health Canada, to provide exemptions for supervised consumption sites under certain conditions. The federal government also created a broadly based drug and substances strategy to both address the drug issue and to incorporate the principles of the Supreme Court ruling.

Supervised consumption sites are currently considered a part of a harm reduction approach under the Canadian Drugs and Substances Strategy (CDSS).⁶² Technically, the strategy allegedly follows the four pillars approach accepted in many European jurisdictions. Formally, under the CDSS, these include:⁶³

1. *Prevention*, which includes resources to educate Canadians, particularly youth, about the risks of drug and substance use.
2. *Enforcement*, which addresses the illegal production, trafficking and diversion of drugs from legitimate uses.
3. *Treatment*, which provides support for improved treatment and rehabilitation services for those with substance use disorders.
4. *Harm Reduction*, or measures that reduce the negative effects of drug and substance use on individuals and communities, including the stigma of drug use.

It should be noted that, to date, the Canadian version of the four pillar approach has focused most of its attention and resources on harm reduction, with less emphasis on prevention and treatment and almost no incorporation of the enforcement pillar.

Supervised consumption services have been identified under the strategy as one of the possible components under the harm reduction rubric of the drug strategy. The mechanism for applying for an exemption to operate a SCS is provided by Health Canada.⁶⁴ According to Health Canada, site exemptions are judged individually based on the content of the application and how well they meet the objectives of the CDSS. Exemptions for new SCS are normally granted for a year, but renewal durations depend upon the site and its compliance history.

58 See: Bramham, Daphne (2018) "Decriminalization is no silver bullet, says Portugal's drug czar." Vancouver Sun, (September 14, 2018). Available online at: vancouversun.com/opinion/columnists/daphne-bramham-decriminalization-is-no-silver-bullet-says-portugals-drug-czar.

59 NPR. (2017, 18 April). In Portugal, Drug Use Is Treated As A Medical Issue, Not A Crime. Available at: npr.org/sections/parallels/2017/04/18/524380027/in-portugal-drug-use-is-treated-as-a-medical-issue-not-a-crime

60 World Health Organization—Regional office for Europe. (2018, 7 November). Portugal On Fast Track To Achieve HIV Targets Ahead of 2020 Deadline. Available at: euro.who.int/en/countries/portugal/news/news/2018/7/portugal-on-fast-track-to-achieve-hiv-targets-ahead-of-2020-deadline

61 Avert. (2019, 15 February). People Who Inject Drugs, HIV and AIDS. Available at: avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs

62 The background and rationale for the Canadian Drugs and Substances Strategy is outline in: Health Canada (2018) *Public Consultation on Strengthening Canada's Approach to Substance Use Issues*. Ottawa: Government of Canada. Cat.: H14-266/2018E-PDF. Available online at: publications.gc.ca/collections/collection_2018/sc-hc/H14-266-2018-eng.pdf. Further information can be found in Minister of Justice and Attorney General of Canada (2018) Evaluation of the National Anti-Drug Strategy: Final Report. Ottawa: Evaluation Division Corporate Services Branch. Cat. No. J22-36/2018E-PDF. Available online at: justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2018/nads-sna/nads-sna.pdf.

63 canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html

64 canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites.html

According to Health Canada, SCS are considered an entry point to treatment and social services for people who are ready to stop or reduce their use of substances. Sites provide a location for individuals to consume their own drugs. SCS do not provide restricted drugs or substances to users.

The CDSS assumes that individuals will access a SCS for various reasons. Among those identified by Health Canada are that SCS provide:

- “A safe, clean place to consume illegal substances;
- Less risk of violence or confrontation with police;
- Drug checking to detect adulterants using methods such as fentanyl test strips;
- Emergency medical care in case of overdose, cardiac arrest or allergic reaction (anaphylaxis);
- Basic health services, such as wound care;
- Testing for infectious diseases like HIV, Hepatitis C and Sexually Transmitted Infections (STIs);
- Access to sterile drug use equipment and a place to safely dispose of it after use; and
- Health professionals and support staff, including for overdose intervention.”

Health Canada also expects that sites will offer:

- “Education on:
 - Harms of drug use;
 - Safer consumption practices;
 - Safer sex.
- Referrals or information on health and social services including:
 - Drug treatment and rehabilitation (detoxification or drug substitution therapy);
 - Housing services;
 - Primary health care;
 - Mental health treatment;
 - Community services;
 - Social welfare programs;
 - Needle exchange programs.”

The CDSS has similar goals for the supervised consumption sites as identified in numerous drug strategies in Europe and elsewhere. Essentially, SCS are to: prevent overdose deaths, facilitate entry into drug treatment services, reduce the risk of disease transmission, reduce public disorder from the public consumption of illegal substances and publicly discarded consumption equipment, connect people who use drugs with basic health and social services, and reduce impacts on EMS attending to drug overdoses.⁶⁵

65 canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html

A recent review of the impacts of the CDSS has indicated that the issue is multi-faceted and that, while there is literature to suggest that SCS are meeting their objectives, the overall results are not incontrovertible.⁶⁶

Needle Distribution

Needle exchange programs (NEPs) were developed with the intention of reducing the harm of intravenous (IV) drug use in spreading infectious disease. People who inject drugs (PWID) are at higher risk of hepatitis, HIV, and other blood-borne infections when sharing needles or other drug supplies. NEPs initially exchanged used syringes for sterile ones to “remove contaminated syringes from circulation in the community.”⁶⁷ Other goals were to increase contact with health professionals for treatment and referrals to addiction services.⁶⁸

Needle distribution practices in Canada shifted significantly after the publication of the Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who use Drugs and are at Risk for HIV, HcV, and Other Harms Working Group on Best Practice for Harm Reduction Programs in Canada.⁶⁹ This document suggested that exchange programs should be replaced with distribution programs to reduce barriers and increase access to sterile needles. This recommendation was based on observations made in a few small studies.

Unfortunately, the Canadian HIV surveillance reports have not shown a reduction in HIV and continue to show an increase in the incidence of HIV among people who inject drugs. From 2013 to 2017, the incidence of HIV due to IV injection rose from 12.8 per cent to 16.3 per cent, representing a 21.5 per cent increase, while total HIV incidence has increased in the same time by 14.3 per cent (2059 in 2013, 2402 in 2017).⁷⁰ Although the data are limited, the years preceding the Best Practices report suggest that intravenous drug use in Canada was on the decline similar to the experience of most

66 Taha, S., Maloney-Hall, B., & Buxton, J. (2019). “Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy.” *Substance abuse treatment, prevention, and policy*, 14(1), 32. doi:10.1186/s13011-019-0220-7

67 Vlahov D, Junge B. (1998) “The role of needle exchange programs in HIV prevention.” *Public Health Reports*, 113 Suppl 1(Suppl 1):75–80.

68 Strike C, et al. (2013) Best Practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HcV, and Other Harms: Part 1. Toronto: Working group on Best Practice for Harm reduction Programs in Canada.

69 Strike, C., Cavalieri, W., Bright, R., Myers, T., Calzavara, L., & Millson, M. (2005). “Syringe Acquisition, Peer Exchange and HIV Risk.” *Contemporary Drug Problems*, 32(2), 319–340; Bryant J, and Hopwood M. (2009) “Secondary exchange of sterile injecting equipment in a high distribution environment: A mixed method analysis in south east Sydney, Australia”. *International Journal of drug Policy*:20(4):324-328; Zule WA, Desmond DP, and Neff JA. (2002) “Syringe type and drug injector risk for HIV infection: a case study in Texas.” *Social Science and Medicine*: 55(7):1103-1113.

70 Haddad N, Li JS, Totten S, McGuire M. (2018) “HIV in Canada—Surveillance Report, 2017.” *Canada Communicable Disease Report*: 44(12): 348-56. doi.org/10.14745/ccdr.v44i12a03.

other Western countries.⁷¹ Despite the shift from evidence-based needle exchange programs to the needle distribution programs, there have been an increases in HIV rates and even higher increases in HIV due to IV drug injection.⁷²

71 Roy, É., Arruda, N., Bruneau, J., & Jutras-Aswad, D. (2016). Epidemiology of Injection Drug Use: New Trends and Prominent Issues. *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie*, 61(3), 136–144. doi:10.1177/0706743716632503.

72 Centers for Disease Control and Prevention. Syringe Services Programs. Determination of Need. [cdc.gov/sfp/determination-of-need-for-sfp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Frisk%2Fspps-jurisdictions.html](https://www.cdc.gov/sfp/determination-of-need-for-sfp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Frisk%2Fspps-jurisdictions.html)

Appendix II: Approach for Engagement

This engagement was an opportunity for government to listen to and acknowledge the perspectives and input of key stakeholders and all Albertans with respect to the impact of Supervised Consumption Services (SCS) to communities. In addition to existing data and research on SCS, the Review Committee gathered qualitative and quantitative data in a number of ways:

1. Online survey for Business and Residents
 2. Meetings with key stakeholder groups
 3. Public Town Halls (oral and written submissions)
 4. Written submissions by Albertans via email
 5. First-responder survey
1. Online survey: The online survey included both closed and open-ended questions, and helped gather input from all Albertans in an organized and comprehensive way.

The online survey was designed to obtain high-level, non-identifying demographic information, such as whether or not the responder lives or owns a business within a 2 km radius of an SCS, if they have been a client of an SCS, or have been frequently accessing businesses located near an SCS, etc. The respondents were asked questions specific to how they identified being impacted by SCS. In other words, local area residents were asked different questions than local area business owners. The survey was open from September 3rd, 2019, to September 30th, 2019.

2. Meetings with key stakeholder groups: The Review Committee met in person or via teleconference, with key stakeholder groups, who were allotted a maximum of one hour for their presentations. The presentations from key stakeholder groups (e.g. business associations, community organizations, SCS operators, law enforcement, harm reduction agencies, municipalities etc.) helped provide deeper insights into some of the social and economic impacts of SCS.

Groups unable to attend a meeting were asked to provide a written submission to the committee or fill out the online survey.

3. Public town hall meetings: Public town hall meetings supplemented the online survey and provided all Albertans with the opportunity to share their concerns and perspectives in a public forum. These meetings

were convened at neutral locations in six communities, which have existing and proposed SCS. Nine town halls were led in Edmonton (2), Calgary (2), Red Deer (1), Lethbridge (2), Grande Prairie (1) and Medicine Hat (1). To accommodate a maximum number of people, larger communities like Edmonton, Lethbridge and Calgary had two town hall meetings. Each town hall ran for four hours in an open-microphone format allowing all participants to address the committee. A speakers list was maintained. Speakers had three minutes to voice their opinions. The overall process was moderated by an experienced facilitator.

4. Written submissions: Albertans provided written submissions to the SCS Review Committee via email. All emails were received at SCSReview@gov.ab.ca and were categorized according to community. The written submissions were accepted from September 2nd, 2019, to September 30th, 2019.
5. An online survey was shared with first responder agencies in cities with SCS. Agencies included police, fire, emergency medical services, medical first responders, and peace and bylaw officers. The purpose of the survey was to gain the perspective of front-line first responders regarding the social and economic impacts of SCS sites. The survey ran from October 11th, 2019, to October 31st, 2019.

Appendix III: Public Town Halls

Community	Date	Attendees	Speakers*
Medicine Hat	September 3rd, 2019	160	47
Lethbridge #1	September 4th, 2019	260	46
Lethbridge #2	September 5th, 2019	243	60
Red Deer	September 10th, 2019	425	60
Calgary #1	September 11th, 2019	140	42
Calgary #2	September 12th, 2019	132	59
Grande Prairie	September 17th, 2019	70	26
Edmonton #1	September 18th, 2019	160	50
Edmonton #2	September 19th, 2019	229	51

*Also includes repeat speakers

Appendix IV: Stakeholder Meetings

Community	Organization	Date
Medicine Hat	Hope Medicine Hat, Citizens of Alberta for Positive Change	September 3, 2019
	MLA, Cypress-Medicine Hat, MLA, Brooks-Medicine Hat	
	Local businesses surrounding SCS	
	HIV Community Link	
Lethbridge	Member of Parliament	September 5, 2019
	MLA, Lethbridge-East	September 5, 2019
	Mayors, City Councilors, Fire/EMS Chief & Acting Chief of Police	September 5, 2019
	ARCHES	September 5, 2019
	Local businesses surrounding SCS	September 5, 2019
	Sik-Ooh-Kotoki Friendship Society	September 6, 2019
	Lethbridge Chamber of Commerce	September 6, 2019
	Lethbridge Police Service	September 6, 2019
	Lethbridge Citizens Alliance	September 6, 2019
	Heart of our City	September 6, 2019
Red Deer	Concerned Citizens of Red Deer	September 9, 2019
	MLA, Red Deer-South	September 9, 2019
	Local businesses surrounding SCS	September 9, 2019
	Protective Services, Fire Services, Emergency Services & RCMP	September 10, 2019
	City Councilors	September 10, 2019
	Turning Point Society	September 10, 2019
	Overdose Prevention Site Services Users	September 10, 2019

Calgary	Community Response Teams, AHS & EMS	September 11, 2019
	Users of SCS	September 12, 2019
	Calgary Police Service & Calgary Fire Department	September 12, 2019
	Local business surrounding SCS	September 12, 2019; September 13, 2019
	Changing the Face of Addiction	September 13, 2019
	HIV Community Link - Mobile SCS	September 13, 2019
	Siksika Nation	September 13, 2019
	MLA, Calgary-East	September 13, 2019
	Mayor, Calgary	September 13, 2019
	Calgary Chief of Police	October 21, 2019
Grande Prairie	Mayor, Protective and Social Services & Community Social Development	September 16, 2019
	Local business surrounding SCS	September 16, 2019
	Police (RCMP)	September 16, 2019
Edmonton	Moms Stop the Harm	September 19, 2019
	SCS Operators	September 19, 2019
	SCS Operators - Royal Alex Hospital	September 19, 2019
	McCauley Community League	September 20, 2019
	Local businesses surrounding SCS	September 20, 2019
	Chinatown Business Improvement Area	September 20, 2019
	EMS, Fire Department & Edmonton Police Service	September 20, 2019
	City of Edmonton Officials	September 20, 2019
	Chinatown Transformation Collaborative (CTC) Society of Edmonton	October 7, 2019

Appendix V: Survey Responses and Submissions Received

Survey	Responses
Residents	16,831*
Businesses	440*
First responders	507
Submissions from community	Responses
Edmonton	161
Calgary	41
Red Deer	46
Lethbridge	42
Medicine Hat	7
Grande Prairie	2

*Some respondents did not complete all the survey questions. Total completed resident surveys: 13,700. Total completed business surveys: 370.

Appendix VI: Data Requested

Data prepared by Alberta Health:

1. Community profiles around SCS sites (250 m, 500 m, and 2000 m).
 - Includes population size, age and sex breakdown, private households, median income and native languages spoken.
2. Counts of accidental drug and alcohol poisoning deaths from January 1, 2016, to June 30, 2019. Location based on place of incident (i.e. overdose).
 - By year, month, SCS buffer zone (250 m, 500 m, 2000 m), and dissemination areas of interest (includes OPS and proposed site locations).
 - By year, month and municipalities with SCS, OPS or proposed sites.
 - By year, month and all of Alberta.
3. Counts of deaths among those who had at least one emergency department (ED) visit related to a substance disorder or poisoning, left the ED before completing their treatment/visit, and later died at some point. January 1, 2009, to December 31, 2018.
 - By year and cause of death.
4. Counts of EMS responses to opioid related events. January 1, 2016, to August 31, 2019. Location based on EMS event.
 - By year, month, SCS buffer zone (250 m, 500 m, 2000 m), and dissemination areas of interest (includes OPS and proposed site locations).
 - By year, month and municipalities with SCS, OPS or proposed sites.
 - By year, month and all of Alberta.
5. Counts of individuals who had an opioid-related ED visit, and were picked up by EMS for an opioid related event. January 1, 2016, to March 31, 2019. Location based on EMS event.
 - By year, month, SCS buffer zone (250 m, 500 m, 2000 m), and dissemination areas of interest (includes OPS and proposed site locations).
 - By year, month and municipalities with SCS, OPS or proposed sites.
 - By year, month and all of Alberta.
6. Counts of individuals who had an ED visit related to a mental or behavioral disorder due to a psychoactive substance and were then admitted to a mental/psychiatric hospital. January 1, 2016, to March 31, 2019. Location is based on where individual lived.
 - By year, month, dissemination areas of interest (includes OPS and proposed site locations.)
 - By year, month and municipalities with SCS, OPS or proposed sites.
 - By year, month and all of Alberta.
7. Counts of naloxone kits dispensed from community pharmacies. January 1, 2016, to June 30, 2019. Location based on location of pharmacy.
 - By year, month and dissemination areas of interest (includes OPS and proposed site locations).
 - By year, month and municipalities with SCS, OPS or proposed sites
 - By year, month and all of Alberta.
8. SCS site data, visits, unique visitors and overdoses attended to. January 1, 2018, to June 30, 2019.
 - By year, month and site.
9. Businesses near SCS, 250 m and 500 m.

Data provided from external organizations or other ministries:

Alberta Health Services (AHS)

10. All EMS response data, pre/post comparison.
 - Compares counts of EMS responses in 500 m buffer around SCS and OPS (does not include proposed sites). Date range is based on when the sites opened. Excludes responses in 50 m radius around sites (i.e. call originating from site).
 - Compares counts of EMS in respective municipalities in same date ranges (excludes 500 m radius around sites.)

11. EMS responses to opioid related events data, pre/post comparison.

- Compares counts of EMS responses in 500 m buffer around SCS and OPS (does not include proposed sites). Date range is based on when the sites opened. Excludes responses in 50 m radius around sites (i.e. call originating from site).

Compares counts of EMS in respective municipalities in same date ranges (excludes 500 m radius around sites).

12. All EMS responses to events at Edmonton SCS. September 2017 to August 2019, pre/post comparison.

- By year and month.

13. Naloxone kits distributed by SCS/OPS. April 2018 to August 2019.

- By year and month.

14. Map of all sites distributing naloxone kits (pharmacies and walk in clinics).

Calgary Police Services (CPS)

15. Reports of crime and disorder near Sheldon M. Chumir Health Centre. Uses 250 m buffer zone around site, and compares to downtown and the rest of the city, pre/post comparison. All of 2018, Q1 2019, Q2 2019 reports provided.

- Includes calls for service, disorder calls, drug-related calls, violence, B&Es, vehicle crime.

Edmonton Police Service (EPS)

16. Edmonton SCS before and after crime trends report, pre/post comparison. Uses 400 m buffer zone around sites, and compares to the rest of the neighborhood where sites are located. August 2017 to August 2019.

- Includes calls for service, disorder, property, and violence

17. Crime and disorder around Edmonton SCS report, pre/post comparison. Uses 100 m and 400 m buffer zone around site, and compares to downtown and the rest of the city. Feb 2019 to August 2019.

- Includes assaults, sexual assault, robbery, theft of vehicle, B&E, drug-related offences.

Lethbridge Police Service (LPS)

18. Calls for service (broken down by type of event), traffic stops, subject stops, at Lethbridge SCS and sub-beat area where site is located. Compares to all of Lethbridge. January 2016 to November 2018.

- By year, month.

Royal Canadian Mounted Police (RCMP)

19. Calls for service to Rotary House (in Grande Prairie), SCS average daily visits, Rotary House average overnight occupancy, EMS opioid calls (city wide). January 2017 to August 2019.

- By year, month.

20. Grande Prairie site analysis.

21. Red Deer site analysis.

Calgary Fire Department

22. Incidents and sharps incidents within 750 m of Sheldon.M.Chumir Health Centre.

Treasury Board and Finance

23. New vs. closed businesses counts and percentage of total businesses within 500 m of the respective sites by year, 2015-2018.

Medicine Hat Police

24. Potential impact on a Safe Consumption Services.

25. Medicine Hat Annual Report, 2018.

Needle debris data

26. Needle debris web links (includes interactive maps and news articles).

27. Medical and Needle Pickup Responses to Red Deer's Downtown Core.

Additional business data

28. Business licenses.

29. Property assessment.

Appendix VII: Summary of Survey Results

As part of the community consultation process there were three independent surveys conducted for the following groups:

1. Business Owners
2. Residents
3. First Responders – the majority of the responses were from Police

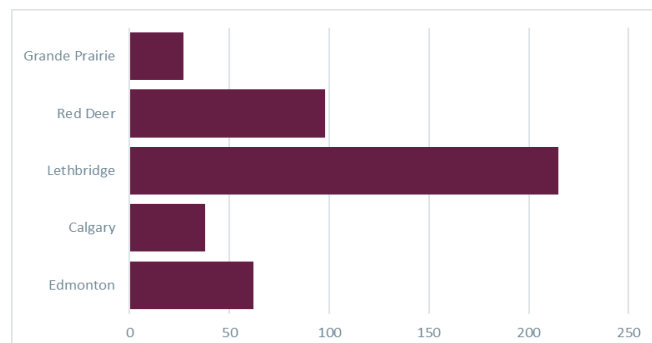
Complete survey results are included later in this Appendix. The following summarizes respondent feedback related to the key themes that were heard at stakeholder and town hall meetings for each of the respective groups:

Business Owner Survey

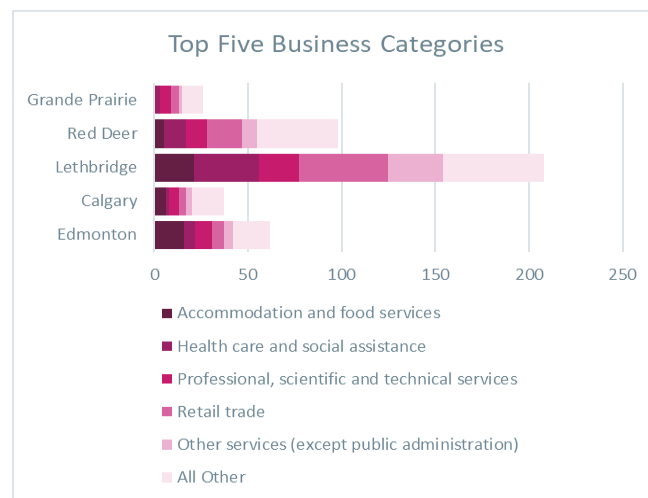
A total of 440 business owners provided input through a business owner survey. While there are some differences by City, overall the feedback from Business Owners is indicating a negative social and economic impact to their businesses – e.g. increased security costs, increase in robberies and feeling less safe while at work.

In addition, 76% are net not supportive of the SCS sites.

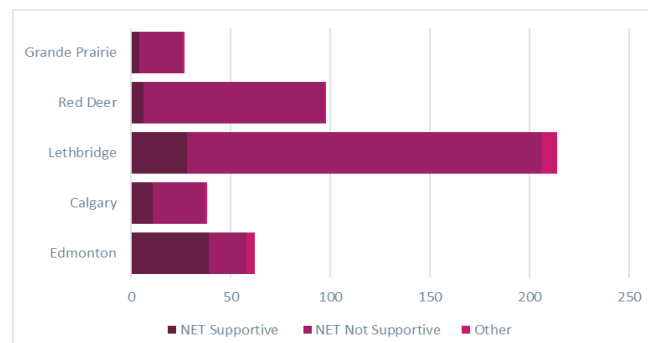
Where is your business located?



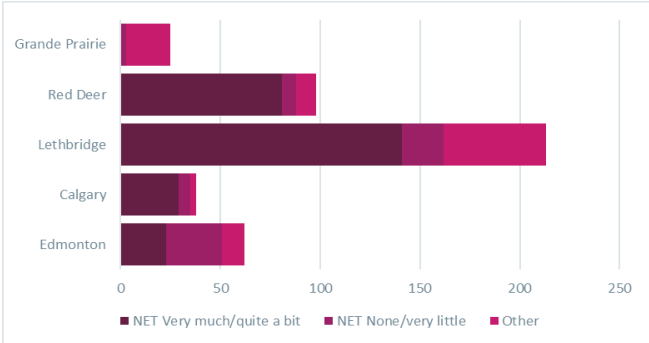
The top five business categories completing the survey included:



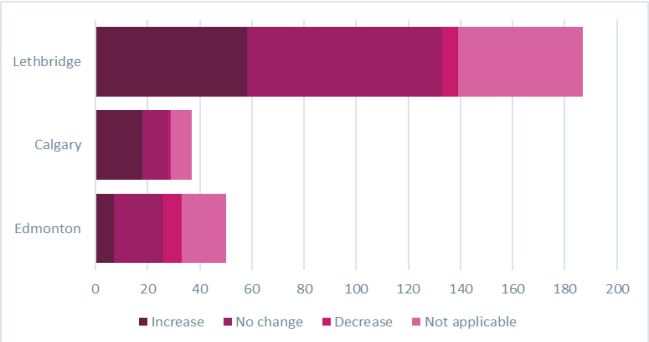
Q9. Overall, how supportive are you of having a supervised consumption services site in the same area as your business?



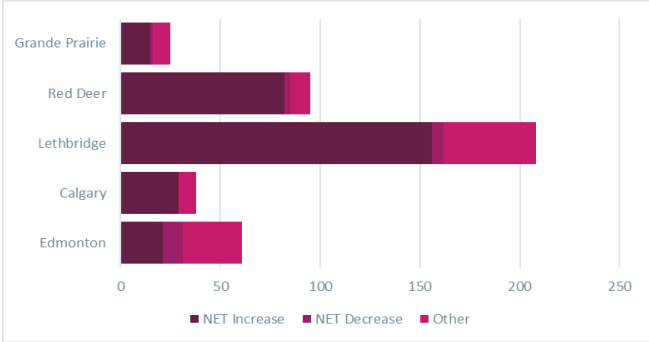
Q10. Do you believe that the supervised consumption site(s) has/have had an impact on your business?



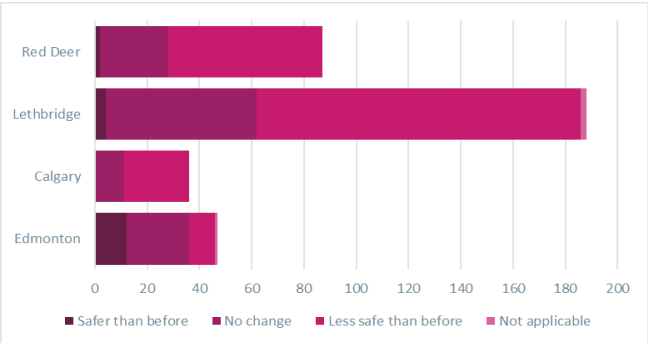
Q13o. Someone robbing your business during open hours: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease?



Q11g. Security and related costs (i.e. loss prevention): Please indicate how, if at all, this aspect of your business was impacted by the presence of a supervised consumption services site in your local area.



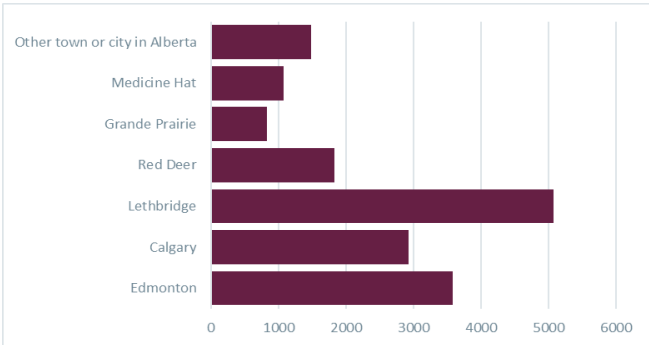
Q18c. In my place of work during the day: In this question, we want to know how safe you currently feel in the area around your business after the supervised consumption services site started operating.



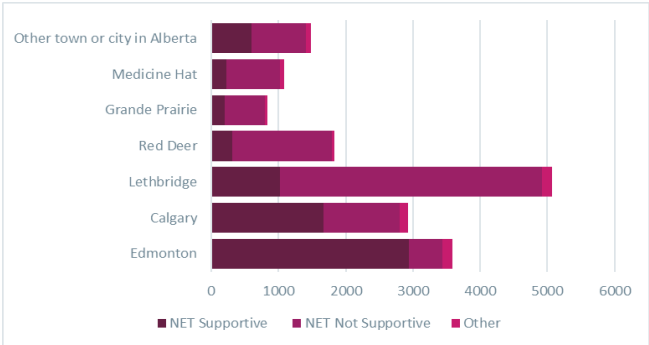
Resident Survey

A total of 16,831 Albertans provided responses through an online public survey. Respondents from Edmonton and Calgary were generally supportive of the SCS's, while respondents from other cities were much less supportive. Only Edmonton respondents reported that overall open drug use and drug dealing had declined since the SCS opened, while citizens from other cities reported a net increase for both activities. Alberta residents in the areas with SCS's reported that since the SCS opened they have seen an increase in needle debris and drug paraphernalia laying around their homes and the area. The survey results also show that Albertans that live in communities near the SCS have had to call the police more often and that they feel less safe at home. In addition, 55% are net not supportive of the SCS sites.

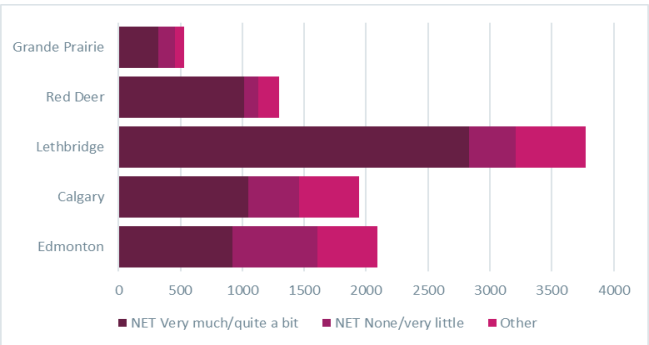
Q1. Please indicate which, if any, of the following cities you live in.



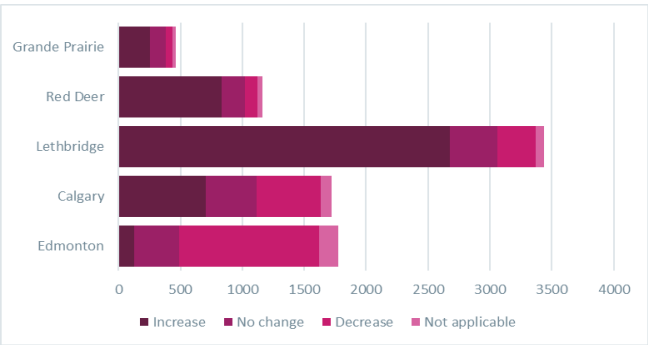
Q17. Overall, how supportive are you of having a supervised consumption services site in your neighbourhood?



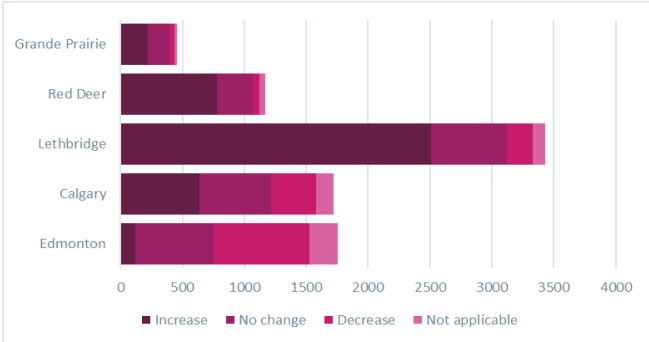
Q18. How much impact do you believe the presence of a supervised consumption services site has had on your neighbourhood?



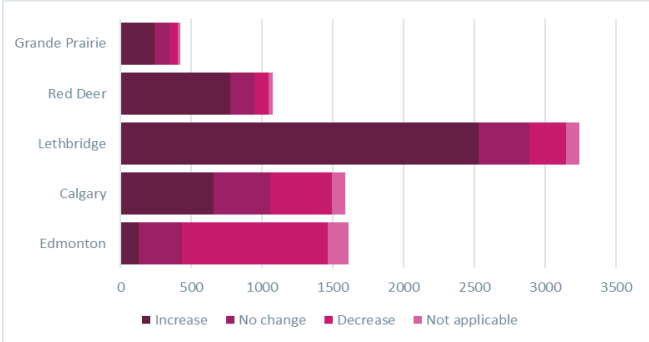
Q24a. People using drugs in public: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience this activity?



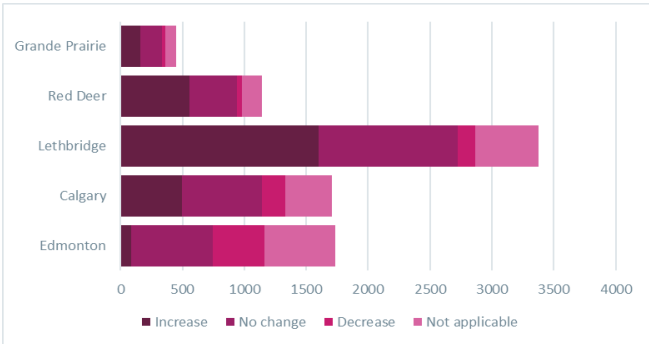
Q24b. People dealing drugs in public: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience this activity?



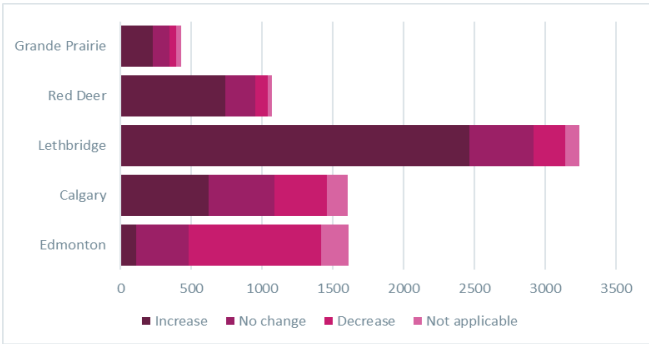
Q27b. Discarded needles or syringes lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in this activity?



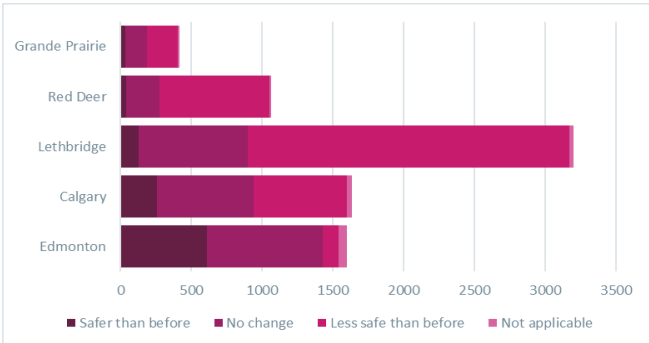
Q24p. Any incident which required you to call the police: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience this activity?



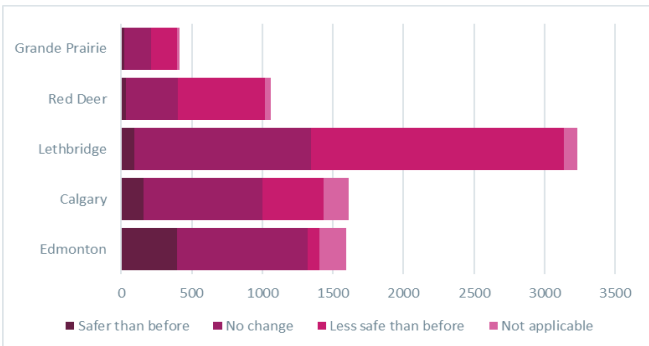
Q27c. Discarded drug paraphernalia other than needles lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in this activity?



Q31a. Walking in this area during the day: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.



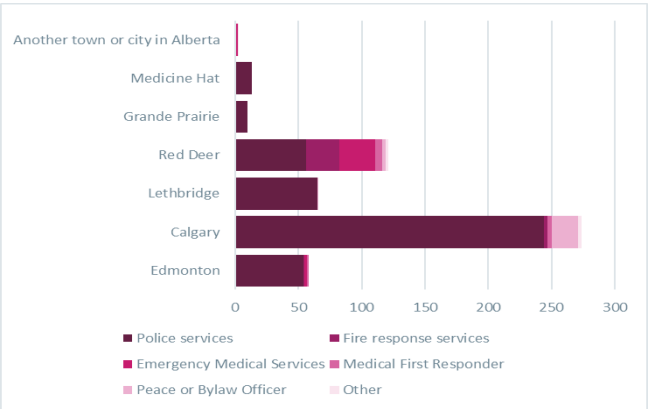
Q31d. In my home after dark: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.



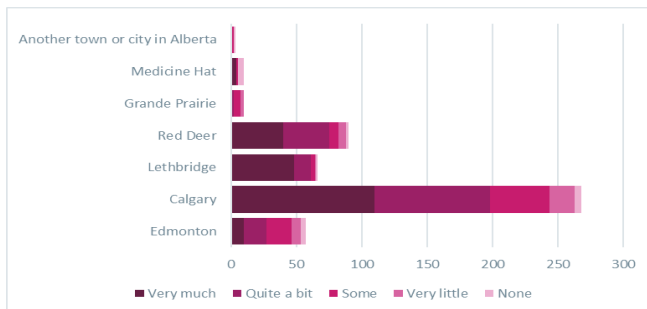
First Responder Survey

A total of 507 first responders completed the First Responder Survey. Of the 507 respondents, 87 per cent were from police services and 53 per cent were from Calgary. It is interesting to note, how few from Edmonton completed the survey. The results of the First Responder survey indicate an increase in illegal and social disorder factors, many dramatically – e.g. attending to daily calls for medical distress (overdoses), public drug use, drug violations, theft from motor vehicles and break and enters. Overall, the survey results indicated that 63 per cent of the respondents felt that overall crime in the neighborhoods where SCS exists, increased a lot over the last year.

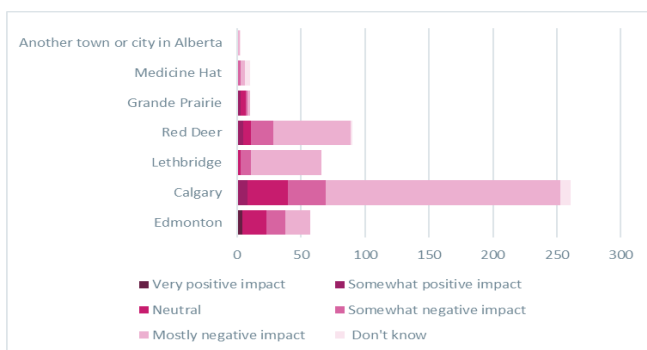
Q1. Which field are you employed in?



Q12. How much impact do you believe the presence of SCS site(s) in your city has had on your role as a first responder?

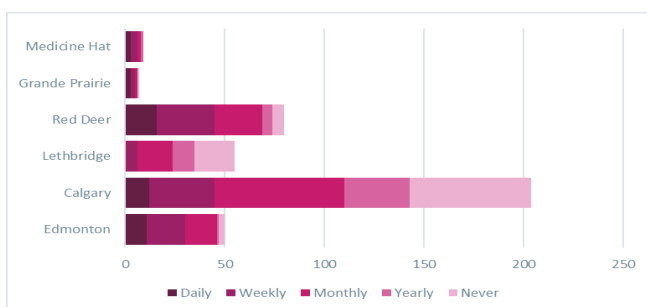


Q13. In what way, if any, has the SCS site(s) impacted your role as a first responder?



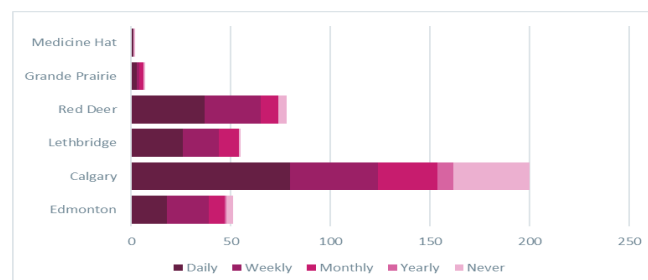
Q27a. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

People in medical distress (i.e. overdose)



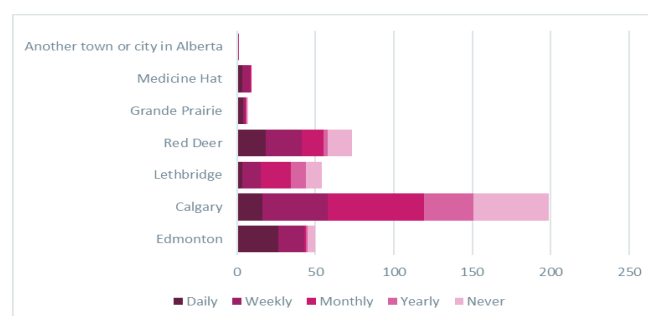
Q28a. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons?

People in medical distress (i.e. overdose)



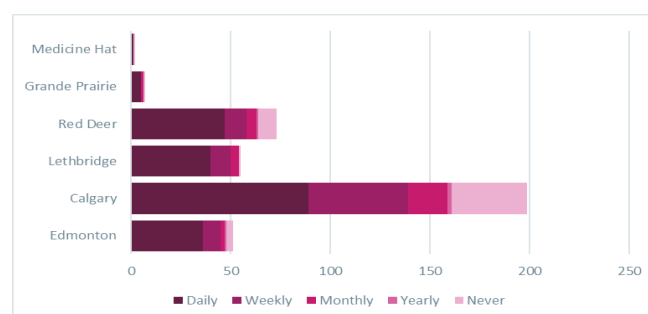
Q27c. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Drug violations (possession, trafficking)



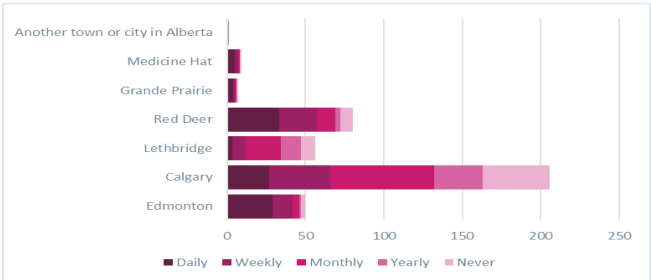
Q28c. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons?

Drug violations (possession, trafficking)

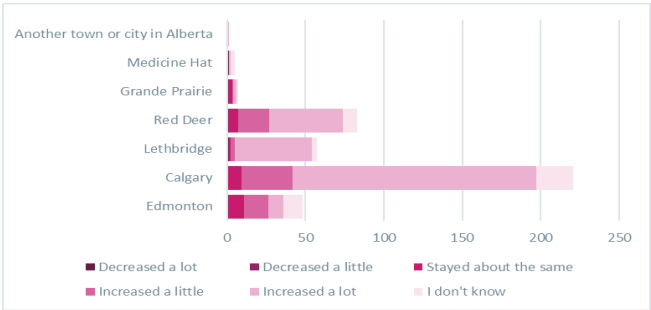


Q27b. Prior to the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons?

People using drugs in public

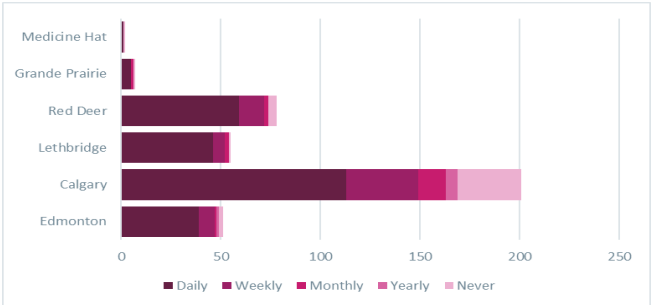


following table: Crime in neighbourhoods where SCS exist has:



Q28b. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons?

People using drugs in public



Q30b. Thinking about the past year only, please complete the

Survey: Businesses

Q1. Where is your business located?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
Base: Total answering	440		62	38	215	98	27
Edmonton	62	14%	100%	0%	0%	0%	0%
Calgary	38	9%	0%	100%	0%	0%	0%
Lethbridge	215	49%	0%	0%	100%	0%	0%
Red Deer	98	22%	0%	0%	0%	100%	0%
Grande Prairie	27	6%	0%	0%	0%	0%	100%

Q4. Which of the following categories best aligns with your primary business?	Completed surveys		Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
Base: Total answering	431		62	37	208	98	26
Accommodation and food services	47	11%	26%	16%	10%	5%	0%
Administrative and support, waste management and remediation services	3	1%	2%	0%	0%	1%	4%
Agriculture, forestry, fishing and hunting	1	0%	2%	0%	0%	0%	0%
Arts, entertainment and recreation	20	5%	8%	5%	3%	5%	4%
Construction	20	5%	5%	3%	6%	3%	4%
Educational services	11	3%	3%	5%	2%	2%	0%
Finance and insurance	20	5%	3%	0%	4%	6%	15%
Health care and social assistance	58	13%	10%	5%	17%	12%	12%
Information and cultural industries	5	1%	0%	3%	1%	1%	0%
Management of companies and enterprises	6	1%	2%	3%	1%	1%	0%
Manufacturing	11	3%	0%	3%	3%	3%	4%
Mining, quarrying, and oil and gas extraction	6	1%	2%	3%	0%	3%	4%
Professional, scientific and technical services	52	12%	15%	14%	10%	11%	23%
Public administration	4	1%	0%	0%	1%	2%	0%
Real estate and rental and leasing	32	7%	6%	22%	4%	9%	8%
Retail trade	80	19%	10%	11%	23%	19%	15%
Transportation and warehousing	4	1%	0%	0%	0%	3%	0%
Utilities	4	1%	0%	0%	0%	4%	0%
Other services (except public administration)	47	11%	8%	8%	14%	8%	8%

Q7. On a scale of 1-10, how familiar are you with the operations and services offered at supervised consumption services sites?

	Completed surveys	
Base: Total answering	439	
NET Familiar (7-10)	323	74%
NET Not Familiar (1-4)	20	5%
1 - Not very familiar	3	1%
2	5	1%
3	7	2%
4	5	1%
5 - Somewhat familiar	62	14%
6	34	8%
7	49	11%
8	112	26%
9	60	14%
10 - Very familiar	102	23%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
62	38	214	98	27
76%	87%	79%	59%	59%
6%	3%	5%	4%	4%
2%	0%	0%	1%	4%
2%	0%	1%	1%	0%
3%	0%	1%	2%	0%
0%	3%	2%	0%	0%
11%	8%	11%	26%	15%
6%	3%	6%	11%	22%
11%	11%	10%	11%	22%
23%	16%	31%	26%	4%
15%	34%	14%	6%	7%
27%	26%	24%	16%	26%

Q8. Please indicate which, if any, of the following operations and services you are aware of at safe consumption sites.

	Completed surveys	
Base: Total answering	414	
Supervision of drug use by trained staff	369	89%
Assistance from staff if overdose occurs in the supervised consumption services site	381	92%
Clean and sterile environment for injecting or using drugs	369	89%
Provision of clean equipment and syringes	371	90%
Safety and security	270	65%
Safe disposal of used equipment	324	78%
Don't know	2	0%
Prefer not to say	4	1%
Other (please specify):	36	9%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
58	36	201	93	26
83%	83%	92%	89%	88%
93%	89%	93%	91%	88%
88%	86%	92%	85%	88%
90%	81%	93%	87%	85%
78%	61%	72%	44%	65%
90%	72%	77%	74%	85%
0%	0%	0%	1%	0%
0%	0%	1%	2%	0%
22%	6%	9%	2%	4%

Q9. Overall, how supportive are you of having a supervised consumption services site in the same areas as your business? (select one.)

	Completed surveys	
Base: Total answering	439	
NET Supportive	88	20%
NET Not Supportive	335	76%
Very supportive	72	16%
Somewhat supportive	16	4%
Neutral	16	4%
Somewhat unsupportive	39	9%
Very unsupportive	296	67%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
62	38	214	98	27
63%	29%	13%	6%	15%
31%	68%	83%	93%	81%
53%	21%	10%	6%	15%
10%	8%	3%	0%	0%
6%	3%	4%	1%	4%
6%	3%	11%	8%	11%
24%	66%	72%	85%	70%

Q10. Do you believe that the supervised consumption site(s) has/have had an impact on your business? (select one.)

	Completed surveys	
Base: Total answering	438	
NET Very much/quite a bit	292	67%
NET None/very little	65	15%
None	36	8%
Very little	29	7%
Some	81	18%
Quite a bit	88	20%
Very much	204	47%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
62	38	213	98	27
37%	76%	66%	83%	67%
45%	16%	10%	7%	11%
26%	13%	5%	4%	4%
19%	3%	5%	3%	7%
18%	8%	24%	10%	22%
11%	13%	21%	24%	30%
26%	63%	46%	58%	37%

Q11a. Customer Traffic: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys	
Base: Total answering	423	
NET Increase	24	6%
NET Decrease	242	57%
Increased significantly	9	2%
Increased slightly	15	4%
No change	114	27%
Decreased slightly	108	26%
Decreased significantly	134	32%
Not applicable	43	10%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
59	37	207	95	25
10%	8%	5%	4%	4%
29%	46%	66%	66%	32%
5%	0%	2%	1%	4%
5%	8%	3%	3%	0%
46%	22%	23%	22%	44%
12%	14%	33%	25%	16%
17%	32%	33%	41%	16%
15%	24%	6%	7%	20%

Q11b. Retail Sales: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys	
Base: Total answering	415	
NET Increase	19	5%
NET Decrease	184	44%
Increased significantly	8	2%
Increased slightly	11	3%
No change	106	26%
Decreased slightly	89	21%
Decreased significantly	95	23%
Not applicable	106	26%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
58	37	204	91	25
9%	5%	5%	1%	0%
29%	38%	50%	53%	12%
3%	3%	2%	1%	0%
5%	3%	3%	0%	0%
47%	24%	22%	20%	28%
12%	16%	26%	23%	4%
17%	22%	24%	30%	8%
16%	32%	23%	26%	60%

Q11c. Overhead Costs: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys		Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
Base: Total answering	425		59	37	210	93	26
NET Increase	234	55%	25%	68%	56%	69%	46%
NET Decrease	20	5%	14%	3%	3%	4%	0%
Increased significantly	89	21%	15%	46%	16%	27%	15%
Increased slightly	145	34%	10%	22%	40%	42%	31%
No change	124	29%	53%	27%	26%	22%	31%
Decreased slightly	10	2%	7%	3%	2%	1%	0%
Decreased significantly	10	2%	7%	0%	1%	3%	0%
Not applicable	47	11%	8%	3%	14%	5%	23%

Q11d. Ability to Recruit Staff: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys		Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
Base: Total answering	417		59	38	203	92	25
NET Increase	45	11%	25%	16%	7%	9%	8%
NET Decrease	131	31%	15%	24%	33%	42%	24%
Increased significantly	20	5%	10%	8%	1%	7%	8%
Increased slightly	25	6%	15%	8%	5%	2%	0%
No change	168	40%	47%	50%	41%	32%	36%
Decreased slightly	75	18%	8%	18%	16%	27%	20%
Decreased significantly	56	13%	7%	5%	17%	15%	4%
Not applicable	73	18%	12%	11%	19%	17%	32%

Q11e. Leasing Costs: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys	
Base: Total answering	419	
NET Increase	72	17%
NET Decrease	29	7%
Increased significantly	27	6%
Increased slightly	45	11%
No change	222	53%
Decreased slightly	16	4%
Decreased significantly	13	3%
Not applicable	96	23%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
60	37	206	91	25
12%	38%	15%	18%	16%
8%	14%	4%	10%	8%
10%	11%	5%	4%	12%
2%	27%	10%	13%	4%
65%	38%	54%	52%	44%
2%	14%	1%	7%	8%
7%	0%	3%	3%	0%
15%	11%	27%	21%	32%

Q11f. Employee turnover: Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys	
Base: Total answering	421	
NET Increase	106	25%
NET Decrease	20	5%
Increased significantly	37	9%
Increased slightly	69	16%
No change	220	52%
Decreased slightly	11	3%
Decreased significantly	9	2%
Not applicable	75	18%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
61	37	206	91	26
13%	46%	23%	33%	12%
10%	5%	4%	1%	8%
8%	11%	9%	10%	4%
5%	35%	15%	23%	8%
64%	38%	52%	49%	54%
7%	5%	2%	0%	4%
3%	0%	2%	1%	4%
13%	11%	20%	16%	27%

Q11g. Security and related costs (i.e. loss prevention): Please indicate how, if at all, the following aspects of your business were impacted by the presence of a supervised consumption services site in your local area.

	Completed surveys	
Base: Total answering	427	
NET Increase	304	71%
NET Decrease	20	5%
Increased significantly	197	46%
Increased slightly	107	25%
No change	82	19%
Decreased slightly	6	1%
Decreased significantly	14	3%
Not applicable	21	5%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
61	38	208	95	25
34%	76%	75%	86%	60%
16%	0%	3%	3%	4%
23%	68%	40%	65%	44%
11%	8%	35%	21%	16%
43%	21%	16%	6%	32%
7%	0%	0%	0%	4%
10%	0%	2%	3%	0%
7%	3%	5%	4%	4%

Q12a. People using drugs in public: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	415	
NET Ever	258	62%
NET Within past 6 months	213	51%
NET at least monthly	165	40%
Daily	76	18%
Monthly	89	21%
Within the past 6 months	48	12%
More than 6 months ago	45	11%
Never	157	38%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	204	93	25
82%	74%	49%	73%	68%
71%	63%	38%	62%	56%
60%	39%	32%	45%	40%
27%	11%	18%	18%	12%
33%	29%	14%	27%	28%
11%	24%	6%	17%	16%
11%	11%	11%	11%	12%
18%	26%	51%	27%	32%

Q12b. People dealing drugs in public: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	410	
NET Ever	251	61%
NET Within past 6 months	208	51%
NET at least monthly	154	38%
Daily	71	17%
Monthly	83	20%
Within the past 6 months	54	13%
More than 6 months ago	43	10%
Never	159	39%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
54	37	201	93	25
76%	73%	47%	73%	80%
67%	62%	37%	61%	72%
57%	41%	27%	44%	48%
28%	11%	13%	18%	32%
30%	30%	14%	26%	16%
9%	22%	9%	17%	24%
9%	11%	10%	12%	8%
24%	27%	53%	27%	20%

Q12c. People drinking alcohol in public: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	409	
NET Ever	309	76%
NET Within past 6 months	246	60%
NET at least monthly	183	45%
Daily	83	20%
Monthly	100	24%
Within the past 6 months	63	15%
More than 6 months ago	63	15%
Never	100	24%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
53	38	203	90	25
87%	95%	69%	74%	80%
72%	74%	53%	61%	68%
55%	55%	40%	43%	48%
32%	24%	20%	13%	16%
23%	32%	20%	30%	32%
17%	18%	13%	18%	20%
15%	21%	16%	13%	12%
13%	5%	31%	26%	20%

Q12d. People demonstrating erratic, aggressive or intimidating behaviour: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	412	
NET Ever	314	76%
NET Within past 6 months	243	59%
NET at least monthly	185	45%
Daily	90	22%
Monthly	95	23%
Within the past 6 months	58	14%
More than 6 months ago	71	17%
Never	98	24%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	202	92	25
95%	97%	62%	84%	88%
80%	79%	45%	64%	80%
67%	58%	35%	47%	52%
38%	13%	17%	26%	20%
29%	45%	17%	21%	32%
13%	21%	10%	17%	28%
15%	18%	18%	20%	8%
5%	3%	38%	16%	12%

Q12e. People using public spaces (alleys, stairwells, etc.) for biological needs such as urinating/defecating: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	414	
NET Ever	287	69%
NET Within past 6 months	219	53%
NET at least monthly	180	43%
Daily	86	21%
Monthly	94	23%
Within the past 6 months	39	9%
More than 6 months ago	68	16%
Never	127	31%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	203	93	25
91%	92%	57%	72%	76%
69%	74%	42%	55%	64%
60%	55%	36%	45%	44%
31%	21%	18%	20%	24%
29%	34%	18%	25%	20%
9%	18%	6%	10%	20%
22%	18%	15%	17%	12%
9%	8%	43%	28%	24%

Q12f. People loitering or hanging around the area: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	413	
NET Ever	335	81%
NET Within past 6 months	273	66%
NET at least monthly	224	54%
Daily	153	37%
Monthly	71	17%
Within the past 6 months	49	12%
More than 6 months ago	62	15%
Never	78	19%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	202	93	25
89%	97%	74%	85%	84%
80%	84%	56%	69%	76%
73%	63%	45%	60%	56%
53%	37%	32%	39%	36%
20%	26%	12%	22%	20%
7%	21%	12%	9%	20%
9%	13%	17%	16%	8%
11%	3%	26%	15%	16%

Q12g. People asking for money: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	411	
NET Ever	314	76%
NET Within past 6 months	251	61%
NET at least monthly	211	51%
Daily	101	25%
Monthly	110	27%
Within the past 6 months	40	10%
More than 6 months ago	63	15%
Never	97	24%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
54	37	202	93	25
83%	89%	70%	83%	72%
69%	86%	52%	65%	68%
61%	68%	42%	59%	52%
41%	32%	20%	26%	12%
20%	35%	22%	33%	40%
7%	19%	10%	5%	16%
15%	3%	18%	18%	4%
17%	11%	30%	17%	28%

Q12h. Stopping in your business just to use the washroom: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	408	
NET Ever	235	58%
NET Within past 6 months	187	46%
NET at least monthly	144	35%
Daily	52	13%
Monthly	92	23%
Within the past 6 months	43	11%
More than 6 months ago	48	12%
Never	173	42%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
54	38	200	91	25
69%	61%	53%	57%	68%
57%	61%	38%	45%	64%
48%	42%	28%	36%	52%
26%	3%	11%	14%	12%
22%	39%	18%	22%	40%
9%	18%	10%	9%	12%
11%	0%	15%	12%	4%
31%	39%	47%	43%	32%

Q12i. People selling sex: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	409	
NET Ever	174	43%
NET Within past 6 months	126	31%
NET at least monthly	89	22%
Daily	34	8%
Monthly	55	13%
Within the past 6 months	37	9%
More than 6 months ago	48	12%
Never	235	57%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	36	200	93	25
53%	53%	30%	58%	48%
44%	44%	21%	39%	36%
35%	22%	16%	25%	32%
11%	6%	7%	11%	12%
24%	17%	9%	14%	20%
9%	22%	5%	14%	4%
9%	8%	10%	19%	12%
47%	47%	70%	42%	52%

Q12j. People having sex in a public place: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	410	
NET Ever	142	35%
NET Within past 6 months	97	24%
NET at least monthly	59	14%
Daily	14	3%
Monthly	45	11%
Within the past 6 months	38	9%
More than 6 months ago	45	11%
Never	268	65%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	37	202	91	25
44%	49%	26%	44%	32%
27%	49%	16%	29%	24%
24%	22%	10%	14%	20%
7%	0%	2%	4%	4%
16%	22%	7%	10%	16%
4%	27%	6%	14%	4%
16%	0%	10%	15%	8%
56%	51%	74%	56%	68%

Q12k. People yelling or fighting outside: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	407	
NET Ever	303	74%
NET Within past 6 months	223	55%
NET at least monthly	172	42%
Daily	76	19%
Monthly	96	24%
Within the past 6 months	51	13%
More than 6 months ago	80	20%
Never	104	26%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	37	200	91	24
93%	86%	64%	80%	79%
71%	76%	43%	58%	71%
55%	54%	36%	42%	54%
20%	14%	18%	22%	17%
35%	41%	18%	20%	38%
16%	22%	8%	16%	17%
22%	11%	21%	22%	8%
7%	14%	36%	20%	21%

Q12l. People sleeping on the sidewalk, in doorways, or other public places: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	410	
NET Ever	306	75%
NET Within past 6 months	234	57%
NET at least monthly	177	43%
Daily	96	23%
Monthly	81	20%
Within the past 6 months	57	14%
More than 6 months ago	72	18%
Never	104	25%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	37	203	90	25
91%	86%	65%	81%	76%
71%	78%	45%	67%	60%
56%	46%	34%	52%	52%
33%	19%	20%	26%	28%
24%	27%	14%	27%	24%
15%	32%	11%	14%	8%
20%	8%	20%	14%	16%
9%	14%	35%	19%	24%

Q12m. People verbally assaulting, harassing or intimidating you, your customers, or employees: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	412	
NET Ever	226	55%
NET Within past 6 months	167	41%
NET at least monthly	112	27%
Daily	38	9%
Monthly	74	18%
Within the past 6 months	55	13%
More than 6 months ago	59	14%
Never	186	45%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	202	92	25
69%	68%	43%	67%	52%
51%	50%	33%	50%	32%
35%	26%	21%	38%	20%
16%	5%	5%	15%	8%
18%	21%	16%	23%	12%
16%	24%	11%	12%	12%
18%	18%	10%	17%	20%
31%	32%	57%	33%	48%

Q12n. People physically assaulting you, your customers, or employees: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	409	
NET Ever	111	27%
NET Within past 6 months	79	19%
NET at least monthly	47	11%
Daily	15	4%
Monthly	32	8%
Within the past 6 months	32	8%
More than 6 months ago	32	8%
Never	298	73%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	37	202	90	25
45%	38%	18%	33%	20%
29%	32%	12%	26%	12%
22%	19%	7%	14%	4%
11%	3%	2%	3%	0%
11%	16%	4%	11%	4%
7%	14%	5%	11%	8%
16%	5%	6%	8%	8%
55%	62%	82%	67%	80%

Q12o. Someone robbing your business during open hours: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	407	
NET Ever	101	25%
NET Within past 6 months	71	17%
NET at least monthly	48	12%
Daily	14	3%
Monthly	34	8%
Within the past 6 months	23	6%
More than 6 months ago	30	7%
Never	306	75%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	37	200	90	25
31%	41%	15%	36%	28%
20%	38%	10%	26%	16%
11%	27%	7%	18%	8%
5%	0%	2%	7%	4%
5%	27%	5%	11%	4%
9%	11%	3%	8%	8%
11%	3%	6%	10%	12%
69%	59%	85%	64%	72%

Q12p. People trespassing in the area around your business: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	409	
NET Ever	260	64%
NET Within past 6 months	195	48%
NET at least monthly	150	37%
Daily	71	17%
Monthly	79	19%
Within the past 6 months	45	11%
More than 6 months ago	65	16%
Never	149	36%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
55	38	200	91	25
69%	76%	52%	75%	84%
53%	63%	36%	60%	60%
42%	45%	28%	48%	40%
18%	11%	16%	23%	20%
24%	34%	13%	25%	20%
11%	18%	8%	12%	20%
16%	13%	16%	14%	24%
31%	24%	48%	25%	16%

Q12q. Any incident which required you to call the police: Prior to the supervised consumption services site opening, in the area around your business, when if ever did you see or experience the following activities? (select one.)

	Completed surveys	
Base: Total answering	414	
NET Ever	247	60%
NET Within past 6 months	150	36%
NET at least monthly	98	24%
Daily	17	4%
Monthly	81	20%
Within the past 6 months	52	13%
More than 6 months ago	97	23%
Never	167	40%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
56	37	203	93	25
59%	62%	56%	72%	44%
34%	51%	30%	47%	32%
25%	24%	19%	35%	12%
9%	0%	4%	4%	0%
16%	24%	15%	31%	12%
9%	27%	10%	12%	20%
25%	11%	26%	25%	12%
41%	38%	44%	28%	56%

Q13a. People using drugs in public: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	397	
Increase	301	76%
No change	51	13%
Decrease	42	11%
Not applicable	3	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	195	90	25
32%	78%	86%	80%	68%
26%	16%	7%	16%	20%
42%	5%	7%	2%	12%
0%	0%	1%	2%	0%

Q13b. People dealing drugs in public: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	396	
Increase	275	69%
No change	86	22%
Decrease	27	7%
Not applicable	8	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	193	91	25
32%	76%	78%	69%	68%
32%	22%	17%	26%	24%
30%	0%	4%	2%	8%
6%	3%	1%	2%	0%

Q13c. People drinking alcohol in public: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	395	
Increase	204	52%
No change	158	40%
Decrease	23	6%
Not applicable	10	3%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	193	90	25
28%	62%	57%	51%	44%
50%	35%	35%	43%	52%
18%	3%	5%	2%	4%
4%	0%	3%	3%	0%

Q13d. People demonstrating erratic, aggressive or intimidating behaviour: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	395	
Increase	300	76%
No change	69	17%
Decrease	23	6%
Not applicable	3	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
49	37	195	89	25
39%	78%	82%	83%	72%
33%	22%	14%	15%	16%
27%	0%	3%	1%	12%
2%	0%	1%	1%	0%

Q13e. People using public spaces (alleys, stairwells, etc.) for biological needs such as urinating/defecating: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	395	
Increase	293	74%
No change	73	18%
Decrease	23	6%
Not applicable	6	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	194	89	25
36%	78%	82%	79%	64%
36%	19%	13%	17%	28%
26%	0%	4%	2%	4%
2%	3%	1%	2%	4%

Q13f. People loitering or hanging around the area: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	396	
Increase	313	79%
No change	57	14%
Decrease	24	6%
Not applicable	2	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	194	90	25
34%	76%	86%	91%	76%
42%	24%	9%	7%	12%
24%	0%	4%	1%	12%
0%	0%	1%	1%	0%

Q13g. People asking for money: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	393	
Increase	245	62%
No change	123	31%
Decrease	16	4%
Not applicable	9	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	191	89	26
32%	73%	66%	70%	54%
40%	27%	31%	28%	35%
20%	0%	2%	0%	8%
8%	0%	1%	2%	4%

Q13h. Stopping in your business just to use the washroom: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	391	
Increase	202	52%
No change	127	32%
Decrease	21	5%
Not applicable	41	10%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
48	37	192	89	25
29%	51%	58%	53%	44%
42%	30%	31%	29%	40%
21%	0%	5%	0%	8%
8%	19%	6%	18%	8%

Q13i. People selling sex: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	389	
Increase	145	37%
No change	175	45%
Decrease	14	4%
Not applicable	55	14%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
49	37	190	88	25
14%	43%	45%	34%	28%
43%	41%	41%	51%	64%
10%	5%	4%	0%	0%
33%	11%	11%	15%	8%

Q13j. People having sex in a public place: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	391	
Increase	166	42%
No change	156	40%
Decrease	11	3%
Not applicable	58	15%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	191	88	25
16%	51%	53%	35%	28%
40%	38%	35%	47%	60%
10%	0%	3%	0%	0%
34%	11%	9%	18%	12%

Q13k. People yelling or fighting outside: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	392	
Increase	282	72%
No change	83	21%
Decrease	22	6%
Not applicable	5	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	192	88	25
32%	81%	79%	77%	64%
42%	16%	17%	18%	32%
24%	3%	3%	2%	4%
2%	0%	1%	2%	0%

Q13l. People sleeping on the sidewalk, in doorways, or other public places: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	396	
Increase	307	78%
No change	63	16%
Decrease	19	5%
Not applicable	7	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	194	90	25
42%	81%	84%	83%	76%
36%	16%	12%	11%	20%
20%	3%	3%	1%	4%
2%	0%	1%	4%	0%

Q13m. People verbally assaulting, harassing or intimidating you, your customers, or employees: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	392	
Increase	255	65%
No change	93	24%
Decrease	15	4%
Not applicable	29	7%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	191	89	25
32%	73%	70%	74%	48%
34%	22%	21%	19%	44%
18%	0%	3%	1%	0%
16%	5%	6%	6%	8%

Q13n. People physically assaulting you, your customers, or employees: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	389	
Increase	130	33%
No change	167	43%
Decrease	13	3%
Not applicable	79	20%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	189	88	25
24%	54%	35%	32%	16%
38%	30%	43%	45%	64%
14%	0%	2%	2%	4%
24%	16%	21%	20%	16%

Q13o. Someone robbing your business during open hours: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	386	
Increase	122	32%
No change	149	39%
Decrease	15	4%
Not applicable	100	26%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	187	87	25
14%	49%	31%	41%	12%
38%	27%	40%	34%	60%
14%	3%	3%	1%	4%
34%	22%	26%	23%	24%

Q13p. People trespassing in the area around your business: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	393	
Increase	289	74%
No change	72	18%
Decrease	16	4%
Not applicable	16	4%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
50	37	193	88	25
42%	76%	76%	85%	76%
30%	22%	17%	14%	20%
20%	0%	3%	0%	4%
8%	3%	5%	1%	0%

Q13q. Any incident which required you to call the police: After the supervised consumption services site opening in the area around your business did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	395	
Increase	245	62%
No change	106	27%
Decrease	20	5%
Not applicable	24	6%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
51	37	192	90	25
31%	65%	68%	72%	36%
35%	22%	24%	22%	52%
22%	3%	4%	1%	0%
12%	11%	4%	4%	12%

Q14. Have you had to close your washroom to the public as a result of more people stopping in your business just to use the washroom?

	Completed surveys	
Base: Increase in people stopping in to use washroom	346	
Yes	182	53%
No	164	47%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
43	30	177	73	23
30%	60%	51%	62%	65%
70%	40%	49%	38%	35%

Q15a. Garbage of litter lying around: Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	385	
NET Ever	334	87%
NET Within past 6 months	283	74%
NET at least monthly	245	64%
Daily	127	33%
Monthly	118	31%
Within the past 6 months	38	10%
More than 6 months ago	51	13%
Never	51	13%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
49	36	188	87	25
92%	92%	80%	92%	100%
80%	92%	64%	79%	88%
71%	78%	56%	67%	72%
49%	47%	23%	39%	32%
22%	31%	33%	28%	40%
8%	14%	7%	13%	16%
12%	0%	16%	13%	12%
8%	8%	20%	8%	0%

Q15b. Discarded needles of syringes lying around: Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	383	
NET Ever	215	56%
NET Within past 6 months	181	47%
NET at least monthly	121	32%
Daily	39	10%
Monthly	82	21%
Within the past 6 months	60	16%
More than 6 months ago	34	9%
Never	168	44%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	86	25
89%	69%	36%	72%	72%
83%	67%	25%	64%	64%
49%	33%	16%	50%	48%
17%	8%	8%	12%	12%
32%	25%	8%	38%	36%
34%	33%	8%	14%	16%
6%	3%	11%	8%	8%
11%	31%	64%	28%	28%

Q15c. Discarded drug paraphernalia other than needles lying around: Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	384	
NET Ever	212	55%
NET Within past 6 months	174	45%
NET at least monthly	117	30%
Daily	39	10%
Monthly	78	20%
Within the past 6 months	57	15%
More than 6 months ago	38	10%
Never	172	45%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	190	86	25
83%	61%	36%	72%	80%
74%	58%	28%	57%	64%
47%	28%	20%	41%	48%
15%	8%	8%	14%	8%
32%	19%	12%	27%	40%
28%	31%	8%	16%	16%
9%	3%	8%	15%	16%
17%	39%	64%	28%	20%

Q15d. Empty beer cans or liquor bottles discarded inappropriately or lying on the ground: Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	385	
NET Ever	299	78%
NET Within past 6 months	232	60%
NET at least monthly	183	48%
Daily	59	15%
Monthly	124	32%
Within the past 6 months	49	13%
More than 6 months ago	67	17%
Never	86	22%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	88	25
89%	94%	70%	78%	88%
79%	86%	51%	58%	68%
53%	64%	42%	45%	60%
30%	28%	9%	16%	16%
23%	36%	33%	30%	44%
26%	22%	8%	13%	8%
11%	8%	19%	20%	20%
11%	6%	30%	22%	12%

Q15e. Vandalism (something was damaged on purpose) to property or vehicle(s) (including theft from vehicle): Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	383	
NET Ever	283	74%
NET Within past 6 months	195	51%
NET at least monthly	115	30%
Daily	25	7%
Monthly	90	23%
Within the past 6 months	80	21%
More than 6 months ago	88	23%
Never	100	26%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	86	25
85%	86%	62%	86%	84%
66%	72%	36%	62%	68%
34%	47%	21%	35%	52%
9%	6%	4%	10%	12%
26%	42%	17%	24%	40%
32%	25%	15%	27%	16%
19%	14%	26%	24%	16%
15%	14%	38%	14%	16%

Q15f. Break and enter, or attempted break and enter of business: Prior to the supervised consumption services site opening in the area around your business when if ever did you see or experience the following? (select one.)

	Completed surveys	
Base: Total answering	384	
NET Ever	191	50%
NET Within past 6 months	104	27%
NET at least monthly	49	13%
Daily	15	4%
Monthly	34	9%
Within the past 6 months	55	14%
More than 6 months ago	87	23%
Never	193	50%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
46	36	189	88	25
48%	61%	38%	68%	60%
28%	47%	13%	42%	48%
9%	25%	6%	18%	36%
7%	3%	3%	7%	0%
2%	22%	3%	11%	36%
20%	22%	7%	24%	12%
20%	14%	25%	26%	12%
52%	39%	62%	32%	40%

Q16a. Garbage or litter lying around: After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	385	
Increase	291	76%
No change	70	18%
Decrease	21	5%
Not applicable	3	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	88	25
38%	81%	83%	81%	68%
36%	17%	14%	17%	20%
26%	0%	3%	1%	12%
0%	3%	1%	1%	0%

Q16b. Discarded needles of syringes lying around: After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	385	
Increase	280	73%
No change	53	14%
Decrease	47	12%
Not applicable	5	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	88	25
34%	81%	83%	75%	52%
17%	14%	7%	20%	36%
49%	3%	10%	2%	12%
0%	3%	1%	2%	0%

Q16c. Discarded drug paraphernalia other than needles lying around: After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	384	
Increase	272	71%
No change	62	16%
Decrease	42	11%
Not applicable	8	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	88	25
36%	78%	80%	72%	52%
17%	14%	11%	23%	36%
47%	3%	8%	1%	12%
0%	6%	1%	5%	0%

Q16d. Empty beer cans or liquor bottles discarded inappropriately or lying on the ground: After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	384	
Increase	213	55%
No change	136	35%
Decrease	26	7%
Not applicable	9	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	88	25
32%	67%	61%	56%	44%
49%	28%	31%	39%	40%
19%	3%	6%	1%	12%
0%	3%	2%	5%	4%

Q16e. Vandalism (something was damaged on purpose) to property or vehicle(s) (including theft from vehicle): After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	386	
Increase	273	71%
No change	83	22%
Decrease	17	4%
Not applicable	13	3%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	190	88	25
36%	81%	74%	80%	64%
40%	14%	20%	18%	20%
19%	0%	3%	0%	12%
4%	6%	3%	2%	4%

Q16f. Break and enter, or attempted break and enter of business: After the supervised consumption services site opening, in the area around your business, did you see or experience an increase or decrease in the following? (select one.)

	Completed surveys	
Base: Total answering	384	
Increase	201	52%
No change	124	32%
Decrease	20	5%
Not applicable	39	10%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	88	25
28%	67%	50%	66%	48%
38%	19%	33%	31%	40%
19%	0%	5%	0%	4%
15%	14%	12%	3%	8%

Q17a. I felt safe walking in this area during the day: In this question, we want to know how safe you felt in the area around your business prior to the supervised consumption services site opening. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	385	
NET Disagree	36	9%
NET Agree	322	84%
Strongly Disagree	17	4%
Disagree	19	5%
Neither Agree nor Disagree	27	7%
Agree	162	42%
Strongly Agree	160	42%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	190	87	25
15%	3%	8%	13%	8%
79%	92%	87%	79%	68%
9%	0%	5%	5%	0%
6%	3%	3%	8%	8%
6%	6%	5%	8%	24%
51%	36%	38%	47%	44%
28%	56%	49%	32%	24%

Q17b. I felt safe walking in this area after dark: In this question, we want to know how safe you felt in the area around your business prior to the supervised consumption services site opening. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	386	
NET Disagree	118	31%
NET Agree	205	53%
Strongly Disagree	46	12%
Disagree	72	19%
Neither Agree nor Disagree	63	16%
Agree	134	35%
Strongly Agree	71	18%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
48	36	190	87	25
42%	14%	25%	39%	44%
38%	69%	62%	41%	32%
13%	3%	11%	15%	20%
29%	11%	14%	24%	24%
21%	17%	13%	20%	24%
31%	39%	37%	32%	28%
6%	31%	25%	9%	4%

Q17c. I felt safe in my place of work during the day: In this question, we want to know how safe you felt in the area around your business prior to the supervised consumption services site opening. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	383	
NET Disagree	31	8%
NET Agree	323	84%
Strongly Disagree	16	4%
Disagree	15	4%
Neither Agree nor Disagree	29	8%
Agree	130	34%
Strongly Agree	193	50%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	87	25
15%	0%	8%	9%	4%
74%	94%	86%	82%	84%
6%	0%	5%	5%	0%
9%	0%	3%	5%	4%
11%	6%	6%	9%	12%
43%	33%	27%	37%	60%
32%	61%	59%	45%	24%

Q17d. I felt safe in my place of work after dark: In this question, we want to know how safe you felt in the area around your business prior to the supervised consumption services site opening. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	382	
NET Disagree	70	18%
NET Agree	264	69%
Strongly Disagree	31	8%
Disagree	39	10%
Neither Agree nor Disagree	48	13%
Agree	138	36%
Strongly Agree	126	33%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	187	87	25
28%	3%	14%	25%	28%
57%	81%	75%	66%	40%
13%	3%	7%	9%	8%
15%	0%	7%	16%	20%
15%	17%	10%	9%	32%
40%	31%	33%	44%	32%
17%	50%	42%	22%	8%

Q18a. Walking in this area during the day: In this question, we want to know how safe you currently feel in the area around your business after the supervised consumption services site started operating. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	384	
Safer than before	23	6%
No change	87	23%
Less safe than before	273	71%
Not applicable	1	0%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	87	25
23%	8%	3%	2%	8%
45%	17%	20%	15%	36%
32%	75%	77%	83%	56%
0%	0%	1%	0%	0%

Q18b. Walking in this area after dark: In this question, we want to know how safe you currently feel in the area around your business after the supervised consumption services site started operating. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	384	
Safer than before	22	6%
No change	62	16%
Less safe than before	298	78%
Not applicable	2	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	189	87	25
26%	3%	2%	3%	8%
40%	19%	13%	9%	16%
34%	75%	85%	86%	76%
0%	3%	0%	1%	0%

Q18c. In my place of work during the day: In this question, we want to know how safe you currently feel in the area around your business after the supervised consumption services site started operating. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	383	
Safer than before	20	5%
No change	131	34%
Less safe than before	230	60%
Not applicable	2	1%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	87	25
26%	0%	2%	2%	8%
51%	31%	31%	30%	44%
21%	69%	66%	68%	48%
2%	0%	1%	0%	0%

Q18d. In my place of work after dark: In this question, we want to know how safe you currently feel in the area around your business after the supervised consumption services site started operating. Please indicate how much you agree or disagree with each of the following statements.

	Completed surveys	
Base: Total answering	383	
Safer than before	21	5%
No change	73	19%
Less safe than before	288	75%
Not applicable	1	0%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	87	25
26%	3%	2%	2%	8%
43%	22%	16%	13%	16%
30%	75%	82%	85%	76%
2%	0%	0%	0%	0%

Q19. In your opinion, in the past 6 months to a year has crime increased, decreased, or stayed about the same in the area around your business? (select one.)

	Completed surveys	
Base: Total answering	387	
NET Decrease	38	10%
NET Increase	306	79%
Decreased a lot	16	4%
Decreased a little	22	6%
Stayed about the same	33	9%
Increased a little	54	14%
Increased a lot	252	65%
I don't know	10	3%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
48	36	191	87	25
40%	8%	4%	6%	12%
38%	83%	85%	86%	80%
15%	0%	2%	5%	8%
25%	8%	3%	1%	4%
17%	8%	7%	8%	4%
10%	11%	15%	16%	12%
27%	72%	71%	70%	68%
6%	0%	3%	0%	4%

Q20. If you have seen or experienced any of the activities or environmental issues noted in the previous questions, was there (to your knowledge) any type of coordinated community response to attempt to address them? (select one)

	Completed surveys	
Base: Total answering	374	
Yes	194	52%
No	136	36%
Not seen or experienced any of the issues described	44	12%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	32	186	86	23
36%	50%	60%	44%	48%
45%	22%	33%	43%	43%
19%	28%	7%	13%	9%

Q21. Do you believe this coordinated community response made an impact? (select one)

	Completed surveys	
Base: Seen coordinated response to issues	192	
Yes	84	44%
No	108	56%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
17	16	111	37	11
88%	56%	41%	30%	36%
12%	44%	59%	70%	64%

Q22. Have you previously raised any concerns with your local supervised consumption services site operator? (select one)

	Completed surveys	
Base: Total answering	383	
Yes	100	26%
No	253	66%
Not applicable	30	8%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
47	36	188	87	25
11%	39%	30%	24%	16%
72%	50%	64%	72%	68%
17%	11%	6%	3%	16%

Q23. Were your concerns addressed? (select one)

	Completed surveys	
Base: Raised issues with site operator	99	
Yes	13	13%
No	84	85%
Not applicable	2	2%

Edmonton	Calgary	Lethbridge	Red Deer	Grande Prairie
4	14	56	21	4
0%	0%	16%	14%	25%
100%	100%	80%	86%	75%
0%	0%	4%	0%	0%

Survey: Residents

Q1. Please indicate which, if any, of the following cities you live in.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,831		2,926	3,590	5,080	1,834	837	1,079	1,485
Calgary	2,926	17%	100%	0%	0%	0%	0%	0%	0%
Edmonton	3,590	21%	0%	100%	0%	0%	0%	0%	0%
Lethbridge	5,080	30%	0%	0%	100%	0%	0%	0%	0%
Red Deer	1,834	11%	0%	0%	0%	100%	0%	0%	0%
Grande Prairie	837	5%	0%	0%	0%	0%	100%	0%	0%
Medicine Hat	1,079	6%	0%	0%	0%	0%	0%	100%	0%
Another town or city in Alberta	1,485	9%	0%	0%	0%	0%	0%	0%	100%

Q7. Which statement best describes you?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	14,265		2,926	3,589	5,079	1,834	837	0	0
I live, work or access services within the local area of a supervised consumption services site	9,945	70%	68%	61%	77%	73%	66%	0%	0%
I own a business within the local area of a supervised consumption services site	97	1%	0%	0%	1%	1%	1%	0%	0%
Neither	4,223	30%	31%	39%	22%	26%	33%	0%	0%

Q10. How do you identify (gender)?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,796		2,919	3,577	5,074	1,832	836	1,077	1,481
Female	11,088	66%	61%	64%	67%	68%	72%	70%	69%
Male	4,969	30%	33%	29%	30%	29%	25%	28%	27%
Prefer not to say	133	1%	1%	2%	0%	0%	0%	0%	1%
Other (please specify):	606	4%	4%	6%	3%	3%	3%	3%	3%

Q11. How old were you at your last birthday?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,763		2,910	3,570	5,064	1,828	834	1,079	1,478
18-24 years	1,473	9%	7%	12%	10%	5%	7%	9%	4%
25-34 years	4,992	30%	32%	39%	28%	24%	26%	27%	22%
35-44 years	4,601	27%	26%	25%	28%	29%	34%	35%	27%
45-54 years	2,653	16%	15%	12%	16%	19%	16%	16%	21%
55-64 years	2,060	12%	13%	9%	13%	16%	13%	11%	17%
65-74 years	856	5%	6%	3%	5%	6%	4%	3%	8%
75 years or older	128	1%	1%	0%	1%	1%	1%	0%	1%

Q12. What is the highest level of education have you completed?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,793		2,919	3,579	5,072	1,829	837	1,077	1,480
Elementary (7 years or less)	10	0%	0%	0%	0%	0%	0%	0%	0%
High school, general or vocational (8 to 12 years)	2,419	14%	8%	8%	18%	19%	24%	18%	18%
College (pre-university, technical training, certificate, accreditation or advanced diploma (13-15 years))	5,575	33%	19%	16%	43%	45%	43%	44%	41%
University certificates and diplomas	1,443	9%	8%	9%	8%	11%	10%	10%	9%
University Bachelor (including classical studies)	4,807	29%	40%	42%	23%	18%	16%	20%	22%
University Master's degree	1,745	10%	20%	17%	5%	4%	4%	7%	8%
University Doctorate (PhD)	432	3%	4%	5%	2%	1%	0%	1%	1%
Prefer not to say	362	2%	2%	2%	3%	2%	3%	2%	1%

Q13. Do you have children under the age of 18 living in your home, either full-time or some of the time? (select all that apply.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,772		2,913	3,571	5,071	1,829	834	1,075	1,479
No children	9,706	58%	72%	68%	50%	51%	48%	46%	56%
One or more children age 0-13 years	5,783	35%	23%	25%	41%	39%	45%	47%	35%
One or more children age 14-17 years	1,949	12%	6%	7%	14%	16%	14%	15%	15%
Prefer not to say	277	2%	2%	2%	2%	1%	1%	1%	1%

Q15. Please indicate which, if any, of the following operations and services you are aware of at supervised consumption services sites.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	15,398		2,739	3,318	4,744	1,672	703	954	1,268
Supervision of drug use by trained staff	13,908	90%	92%	93%	91%	87%	87%	90%	87%
Clean and sterile environment for injecting or using drugs	14,455	94%	96%	98%	91%	90%	92%	95%	93%
Assistance from staff if overdose occurs in the supervised consumption services site	14,564	95%	96%	97%	94%	92%	91%	95%	93%
Provision of clean equipment and syringes	14,144	92%	95%	95%	90%	87%	90%	91%	92%
Safety and security	11,362	74%	80%	89%	66%	59%	72%	73%	73%
Safe disposal of used equipment	12,760	83%	92%	96%	70%	75%	86%	86%	83%
Don't know	93	1%	0%	0%	1%	1%	1%	0%	1%
Prefer not to say	193	1%	0%	1%	2%	2%	1%	2%	1%
Other (please specify):	1,513	10%	11%	13%	10%	5%	7%	8%	7%

Q16. Have you or someone you know ever accessed a supervised consumption services site? (select all that apply.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,780		2,920	3,581	5,065	1,828	835	1,073	1,478
No	12,725	76%	73%	70%	77%	79%	80%	86%	79%
Yes, I have accessed a site	101	1%	1%	1%	1%	0%	0%	0%	0%
Yes, someone I know has accessed a site	3,191	19%	22%	24%	18%	17%	15%	11%	17%
Prefer not to say	789	5%	4%	6%	5%	4%	5%	3%	5%

Q17. Overall, how supportive are you of having a supervised consumption services site in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	16,818		2,925	3,587	5,076	1,831	837	1,078	1,484
NET Supportive	6,964	41%	57%	82%	20%	17%	24%	21%	40%
NET Not Supportive	9,218	55%	39%	14%	77%	81%	71%	74%	55%
Very supportive	5,491	33%	47%	70%	13%	12%	16%	15%	30%
Somewhat supportive	1,473	9%	11%	12%	7%	5%	8%	7%	10%
Neutral	494	3%	3%	3%	3%	2%	3%	3%	4%
Somewhat unsupportive	1,324	8%	6%	3%	12%	9%	11%	10%	6%
Very unsupportive	7,894	47%	33%	11%	65%	72%	60%	65%	49%
Don't know	142	1%	1%	1%	1%	1%	2%	1%	2%

Q18. How much impact do you believe the presence of a supervised consumption services site has had on your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	9,641		1,945	2,091	3,774	1,298	533	0	0
NET Very much/quite a bit	6,147	64%	54%	44%	75%	78%	60%	0%	0%
NET None/very little	1,732	18%	21%	33%	10%	9%	25%	0%	0%
None	548	6%	6%	11%	3%	3%	9%	0%	0%
Very little	1,184	12%	15%	22%	7%	6%	15%	0%	0%
Some	1,762	18%	25%	23%	15%	12%	16%	0%	0%
Quite a bit	2,054	21%	17%	22%	22%	25%	23%	0%	0%
Very much	4,093	43%	38%	22%	53%	54%	37%	0%	0%

Q20. Do you believe that a supervised consumption services site would impact your neighbourhood if one existed? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,632		894	1,355	1,145	480	281	1,052	1,425
NET Very much/quite a bit	4,041	61%	49%	31%	84%	80%	71%	74%	61%
NET None/very little	1,149	17%	20%	33%	6%	5%	14%	10%	20%
None	216	3%	2%	5%	2%	2%	5%	3%	4%
Very little	933	14%	18%	29%	3%	3%	9%	7%	17%
Some	1,442	22%	31%	36%	10%	15%	15%	16%	19%
Quite a bit	871	13%	13%	12%	14%	11%	16%	13%	13%
Very much	3,170	48%	35%	19%	70%	69%	54%	61%	47%

Q22a. People using drugs in public:
Have you ever seen or experienced the following in your neighbourhood?
(select one.)

	Total	
Base: Do not have SCS in neighbourhood	6,043	
NET Ever	3,782	63%
Daily	689	11%
Monthly	1,129	19%
Within the past 6 months	1,340	22%
More than 6 months ago	624	10%
Never	2,261	37%

	Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
	819	1,243	1,045	439	253	971	1,273
	57%	61%	67%	70%	70%	61%	61%
	7%	6%	22%	12%	22%	11%	10%
	15%	18%	20%	24%	21%	21%	18%
	22%	25%	19%	24%	22%	21%	23%
	13%	13%	7%	10%	6%	9%	11%
	43%	39%	33%	30%	30%	39%	39%

Q22b. People dealing drugs in public:
Have you ever seen or experienced the following in your neighbourhood?
(select one.)

	Total	
Base: Do not have SCS in neighbourhood	6,030	
NET Ever	3,526	59%
Daily	577	10%
Monthly	1,050	17%
Within the past 6 months	1,144	19%
More than 6 months ago	755	13%
Never	2,504	42%

	Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
	814	1,234	1,047	436	254	971	1,274
	52%	54%	64%	65%	69%	62%	56%
	6%	4%	18%	13%	21%	10%	7%
	12%	15%	20%	22%	24%	20%	16%
	18%	19%	18%	20%	16%	20%	20%
	15%	16%	8%	11%	8%	13%	13%
	49%	46%	36%	35%	31%	38%	44%

Q22c. People drinking alcohol in public: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,009		813	1,231	1,044	433	251	971	1,266
NET Ever	4,528	75%	75%	74%	73%	75%	78%	76%	78%
Daily	689	12%	9%	10%	15%	9%	16%	10%	13%
Monthly	1,456	24%	24%	23%	21%	25%	22%	27%	26%
Within the past 6 months	1,593	27%	28%	27%	24%	26%	30%	25%	28%
More than 6 months ago	790	13%	13%	14%	13%	15%	10%	15%	12%
Never	1,481	25%	25%	27%	27%	25%	22%	24%	22%

Q22d. People demonstrating erratic, aggressive or intimidating behaviour: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,058		816	1,236	1,052	441	255	981	1,277
NET Ever	4,490	74%	71%	71%	77%	79%	78%	76%	72%
Daily	819	14%	8%	7%	22%	18%	27%	15%	11%
Monthly	1,333	22%	17%	22%	24%	27%	23%	24%	20%
Within the past 6 months	1,459	24%	25%	25%	21%	23%	18%	26%	25%
More than 6 months ago	879	15%	21%	18%	9%	11%	11%	11%	16%
Never	1,568	26%	29%	29%	23%	21%	22%	24%	28%

Q22e. People using public spaces (alleys, stairwells, etc.) for biological needs such as urinating/defecating: Have you ever seen or experienced the following in your neighbourhood? (select one.)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,032		813	1,233	1,044	438	253	978	1,273
NET Ever	3,505	58%	53%	51%	63%	63%	67%	61%	59%
Daily	660	11%	6%	4%	22%	12%	19%	13%	9%
Monthly	1,036	17%	14%	15%	19%	19%	24%	19%	16%
Within the past 6 months	1,021	17%	17%	17%	13%	19%	16%	18%	19%
More than 6 months ago	788	13%	16%	15%	9%	13%	9%	11%	15%
Never	2,527	42%	47%	49%	38%	37%	33%	39%	41%

Q22f. People loitering or hanging around the area: Have you ever seen or experienced the following in your neighbourhood? (select one.)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,045		815	1,235	1,052	441	255	973	1,274
NET Ever	4,671	77%	77%	75%	81%	83%	84%	79%	72%
Daily	1,745	29%	21%	20%	41%	39%	42%	34%	22%
Monthly	1,305	22%	23%	24%	20%	20%	21%	22%	21%
Within the past 6 months	1,060	18%	22%	20%	13%	16%	14%	16%	18%
More than 6 months ago	561	9%	12%	11%	7%	8%	7%	8%	10%
Never	1,374	23%	23%	25%	19%	17%	16%	21%	28%

Q22g. People asking for money: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,043		812	1,238	1,050	437	256	979	1,271
NET Ever	4,012	66%	68%	64%	70%	70%	71%	69%	62%
Daily	1,206	20%	21%	17%	27%	21%	30%	20%	14%
Monthly	1,345	22%	22%	23%	21%	27%	20%	25%	19%
Within the past 6 months	902	15%	13%	14%	14%	17%	13%	16%	17%
More than 6 months ago	559	9%	11%	10%	8%	6%	8%	7%	12%
Never	2,031	34%	32%	37%	31%	30%	29%	32%	38%

Q22h. People selling sex: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,945		806	1,225	1,022	425	251	964	1,252
NET Ever	1,692	29%	23%	22%	34%	33%	47%	24%	31%
Daily	202	3%	3%	1%	7%	3%	10%	2%	3%
Monthly	382	6%	4%	4%	10%	9%	14%	5%	6%
Within the past 6 months	500	8%	5%	6%	11%	9%	13%	9%	10%
More than 6 months ago	608	10%	10%	11%	7%	12%	11%	8%	13%
Never	4,253	72%	77%	78%	66%	67%	53%	76%	69%

Q22i. People having sex in a public place: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,936		806	1,223	1,024	425	248	958	1,252
NET Ever	1,434	24%	18%	17%	34%	26%	37%	23%	25%
Daily	129	2%	1%	1%	5%	2%	4%	2%	2%
Monthly	217	4%	2%	2%	8%	5%	6%	3%	3%
Within the past 6 months	420	7%	6%	4%	11%	8%	11%	8%	7%
More than 6 months ago	668	11%	9%	11%	11%	12%	17%	10%	13%
Never	4,502	76%	82%	83%	66%	74%	63%	78%	75%

Q22j. People yelling or fighting outside: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,005		807	1,232	1,048	431	256	971	1,260
NET Ever	4,542	76%	73%	72%	77%	80%	81%	80%	74%
Daily	652	11%	7%	5%	20%	11%	20%	12%	9%
Monthly	1,394	23%	19%	20%	24%	30%	26%	27%	23%
Within the past 6 months	1,428	24%	26%	25%	21%	23%	21%	26%	23%
More than 6 months ago	1,068	18%	21%	22%	12%	16%	14%	15%	20%
Never	1,463	24%	28%	28%	23%	20%	19%	20%	26%

Q22k. People sleeping on the sidewalk, in doorways, or other public places: Have you ever seen or experienced the following in your neighbourhood? (select one.)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	6,020		812	1,234	1,041	436	254	972	1,271
NET Ever	3,662	61%	54%	56%	68%	68%	69%	63%	59%
Daily	991	17%	10%	12%	29%	20%	28%	16%	12%
Monthly	1,141	19%	17%	18%	21%	21%	19%	22%	17%
Within the past 6 months	875	15%	15%	13%	13%	16%	14%	16%	15%
More than 6 months ago	655	11%	12%	12%	6%	12%	9%	9%	15%
Never	2,358	39%	46%	44%	32%	32%	31%	37%	42%

Q22l. People verbally assaulting, harassing, or intimidating you or someone you live with: Have you ever seen or experienced the following in your neighbourhood? (select one.)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,997		811	1,232	1,033	432	252	969	1,268
NET Ever	2,412	40%	33%	34%	46%	45%	46%	42%	42%
Daily	278	5%	2%	2%	10%	5%	6%	6%	4%
Monthly	542	9%	6%	6%	12%	13%	11%	9%	10%
Within the past 6 months	705	12%	10%	9%	13%	13%	16%	14%	11%
More than 6 months ago	887	15%	15%	17%	12%	14%	13%	13%	17%
Never	3,585	60%	67%	66%	54%	55%	54%	59%	58%

Q22m. People physically assaulting you or someone you live with: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,954		806	1,226	1,023	427	252	962	1,258
NET Ever	860	14%	11%	10%	18%	16%	18%	17%	16%
Daily	74	1%	1%	0%	3%	1%	1%	2%	1%
Monthly	105	2%	2%	1%	3%	3%	3%	1%	2%
Within the past 6 months	233	4%	2%	2%	6%	5%	6%	5%	4%
More than 6 months ago	448	8%	6%	6%	6%	7%	8%	9%	9%
Never	5,094	86%	89%	90%	82%	84%	83%	83%	84%

Q22n. Someone robbing your home: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,943		804	1,225	1,021	423	253	960	1,257
NET Ever	1,484	25%	23%	20%	28%	36%	38%	24%	24%
Daily	54	1%	1%	0%	2%	1%	2%	1%	1%
Monthly	141	2%	1%	1%	4%	5%	6%	2%	3%
Within the past 6 months	457	8%	5%	5%	10%	13%	13%	8%	7%
More than 6 months ago	832	14%	16%	14%	12%	18%	17%	13%	13%
Never	4,459	75%	77%	80%	73%	64%	62%	76%	76%

Q22o. People trespassing in the area around your home: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,989		805	1,229	1,033	434	251	971	1,266
NET Ever	3,550	59%	55%	51%	67%	74%	77%	58%	55%
Daily	334	6%	4%	2%	10%	10%	10%	7%	3%
Monthly	867	15%	10%	10%	20%	23%	27%	14%	13%
Within the past 6 months	1,210	20%	20%	18%	22%	24%	24%	20%	21%
More than 6 months ago	1,139	19%	22%	22%	16%	18%	17%	18%	19%
Never	2,439	41%	45%	49%	33%	26%	24%	42%	45%

Q22p. Any incident which required you to call the police: Have you ever seen or experienced the following in your neighbourhood? (select one.)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,951		808	1,222	1,020	429	252	963	1,257
NET Ever	2,981	50%	47%	43%	52%	62%	58%	55%	48%
Daily	99	2%	1%	0%	3%	2%	2%	3%	1%
Monthly	341	6%	4%	3%	8%	10%	8%	7%	5%
Within the past 6 months	1,034	17%	13%	14%	21%	21%	18%	21%	16%
More than 6 months ago	1,507	25%	29%	26%	20%	28%	30%	24%	26%
Never	2,970	50%	53%	57%	48%	39%	42%	45%	52%

Q23a. People using drugs in public: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,561		1,729	1,772	3,445	1,155	460	0	0
NET Ever	5,272	62%	70%	82%	46%	60%	69%	0%	0%
Daily	1,233	14%	16%	26%	7%	13%	21%	0%	0%
Monthly	1,845	22%	28%	35%	12%	20%	25%	0%	0%
Within the past 6 months	1,088	13%	15%	14%	11%	13%	13%	0%	0%
More than 6 months ago	1,106	13%	11%	7%	17%	14%	10%	0%	0%
Never	3,289	38%	30%	18%	54%	40%	31%	0%	0%

Q23b. People dealing drugs in public: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,524		1,722	1,754	3,436	1,153	459	0	0
NET Ever	5,287	62%	65%	78%	49%	65%	80%	0%	0%
Daily	1,078	13%	14%	23%	6%	12%	24%	0%	0%
Monthly	1,761	21%	26%	32%	12%	21%	27%	0%	0%
Within the past 6 months	1,093	13%	14%	15%	11%	13%	16%	0%	0%
More than 6 months ago	1,355	16%	12%	9%	20%	19%	14%	0%	0%
Never	3,237	38%	35%	22%	51%	35%	20%	0%	0%

Q23c. People drinking alcohol in public: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,513		1,725	1,759	3,438	1,138	453	0	0
NET Ever	7,126	84%	88%	90%	82%	73%	84%	0%	0%
Daily	1,929	23%	26%	39%	16%	11%	26%	0%	0%
Monthly	2,588	30%	36%	35%	28%	24%	29%	0%	0%
Within the past 6 months	1,241	15%	14%	10%	16%	17%	16%	0%	0%
More than 6 months ago	1,368	16%	12%	6%	22%	20%	14%	0%	0%
Never	1,387	16%	12%	10%	18%	27%	16%	0%	0%

Q23d. People demonstrating erratic, aggressive or intimidating behaviour: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,542		1,733	1,757	3,436	1,159	457	0	0
NET Ever	6,768	79%	83%	92%	71%	76%	86%	0%	0%
Daily	1,530	18%	18%	36%	9%	15%	27%	0%	0%
Monthly	2,198	26%	34%	36%	18%	20%	27%	0%	0%
Within the past 6 months	1,351	16%	17%	11%	17%	19%	18%	0%	0%
More than 6 months ago	1,689	20%	15%	9%	28%	22%	16%	0%	0%
Never	1,774	21%	17%	8%	29%	24%	14%	0%	0%

Q23e. People using public spaces (alleys, stairwells, etc.) for biological needs such as urinating/defecating: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,551		1,729	1,762	3,446	1,159	455	0	0
NET Ever	5,763	67%	76%	85%	56%	62%	71%	0%	0%
Daily	1,347	16%	18%	28%	8%	14%	23%	0%	0%
Monthly	1,963	23%	29%	36%	15%	18%	22%	0%	0%
Within the past 6 months	1,141	13%	15%	13%	12%	15%	12%	0%	0%
More than 6 months ago	1,312	15%	13%	7%	21%	16%	14%	0%	0%
Never	2,788	33%	25%	15%	44%	38%	29%	0%	0%

Q23f. People loitering or hanging around the area: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,516		1,719	1,756	3,430	1,154	457	0	0
NET Ever	7,038	83%	88%	93%	74%	82%	88%	0%	0%
Daily	2,828	33%	37%	56%	20%	29%	44%	0%	0%
Monthly	1,873	22%	27%	24%	20%	19%	19%	0%	0%
Within the past 6 months	1,076	13%	13%	7%	14%	16%	11%	0%	0%
More than 6 months ago	1,261	15%	11%	5%	21%	18%	13%	0%	0%
Never	1,478	17%	12%	7%	26%	18%	13%	0%	0%

Q23g. People asking for money: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,521		1,726	1,752	3,431	1,154	458	0	0
NET Ever	7,395	87%	88%	91%	85%	84%	87%	0%	0%
Daily	2,533	30%	38%	49%	17%	23%	33%	0%	0%
Monthly	2,428	29%	29%	29%	29%	28%	29%	0%	0%
Within the past 6 months	1,109	13%	11%	7%	16%	15%	14%	0%	0%
More than 6 months ago	1,325	16%	11%	5%	23%	19%	12%	0%	0%
Never	1,126	13%	12%	9%	15%	16%	13%	0%	0%

Q23h. People selling sex: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,444		1,714	1,738	3,402	1,139	451	0	0
NET Ever	3,741	44%	44%	58%	33%	48%	68%	0%	0%
Daily	634	8%	6%	14%	4%	7%	17%	0%	0%
Monthly	1,142	14%	13%	22%	9%	12%	20%	0%	0%
Within the past 6 months	863	10%	12%	12%	7%	12%	18%	0%	0%
More than 6 months ago	1,102	13%	13%	11%	13%	17%	13%	0%	0%
Never	4,703	56%	56%	42%	67%	52%	32%	0%	0%

Q23i. People having sex in a public place:
Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,419		1,708	1,735	3,403	1,127	446	0	0
NET Ever	2,402	29%	27%	38%	24%	26%	41%	0%	0%
Daily	259	3%	3%	5%	2%	3%	7%	0%	0%
Monthly	546	7%	6%	11%	4%	6%	11%	0%	0%
Within the past 6 months	671	8%	8%	11%	6%	7%	13%	0%	0%
More than 6 months ago	926	11%	10%	12%	12%	9%	11%	0%	0%
Never	6,017	72%	73%	62%	76%	74%	59%	0%	0%

Q23j. People yelling or fighting outside:
Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,466		1,714	1,747	3,403	1,148	454	0	0
NET Ever	7,000	83%	83%	90%	79%	80%	88%	0%	0%
Daily	1,269	15%	15%	28%	7%	14%	26%	0%	0%
Monthly	2,376	28%	34%	38%	22%	23%	26%	0%	0%
Within the past 6 months	1,477	17%	18%	15%	18%	19%	18%	0%	0%
More than 6 months ago	1,878	22%	17%	10%	32%	24%	18%	0%	0%
Never	1,466	17%	17%	10%	21%	20%	12%	0%	0%

Q23k. People sleeping on the sidewalk, in doorways, or other public places: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,519		1,727	1,756	3,429	1,151	456	0	0
NET Ever	7,014	82%	88%	92%	75%	80%	86%	0%	0%
Daily	2,249	26%	32%	49%	14%	18%	32%	0%	0%
Monthly	2,176	26%	31%	29%	22%	23%	26%	0%	0%
Within the past 6 months	1,121	13%	12%	8%	15%	18%	16%	0%	0%
More than 6 months ago	1,468	17%	13%	7%	24%	21%	13%	0%	0%
Never	1,505	18%	12%	8%	25%	20%	14%	0%	0%

Q23I. People verbally assaulting, harassing, or intimidating you or someone you live with: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,500		1,725	1,745	3,422	1,153	455	0	0
NET Ever	3,883	46%	48%	57%	38%	45%	53%	0%	0%
Daily	493	6%	5%	10%	4%	5%	10%	0%	0%
Monthly	979	12%	13%	18%	7%	10%	17%	0%	0%
Within the past 6 months	1,015	12%	13%	15%	9%	13%	14%	0%	0%
More than 6 months ago	1,396	16%	16%	14%	18%	17%	12%	0%	0%
Never	4,617	54%	52%	43%	62%	55%	47%	0%	0%

Q23m. People physically assaulting you or someone you live with: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,458		1,716	1,740	3,416	1,137	449	0	0
NET Ever	1,290	15%	15%	19%	12%	17%	25%	0%	0%
Daily	169	2%	2%	3%	1%	2%	6%	0%	0%
Monthly	216	3%	3%	4%	2%	2%	5%	0%	0%
Within the past 6 months	359	4%	4%	5%	3%	5%	8%	0%	0%
More than 6 months ago	546	7%	6%	7%	6%	7%	7%	0%	0%
Never	7,168	85%	85%	81%	88%	84%	75%	0%	0%

Q23n. Someone robbing your home: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,446		1,714	1,735	3,408	1,141	448	0	0
NET Ever	1,581	19%	15%	18%	16%	27%	34%	0%	0%
Daily	100	1%	1%	1%	1%	2%	4%	0%	0%
Monthly	181	2%	2%	3%	1%	3%	5%	0%	0%
Within the past 6 months	439	5%	5%	5%	4%	7%	11%	0%	0%
More than 6 months ago	861	10%	7%	9%	10%	15%	15%	0%	0%
Never	6,865	81%	85%	82%	84%	73%	66%	0%	0%

Q23o. People trespassing in the area around your home: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,494		1,722	1,743	3,419	1,153	457	0	0
NET Ever	4,113	48%	50%	51%	41%	58%	66%	0%	0%
Daily	435	5%	5%	8%	2%	7%	14%	0%	0%
Monthly	1,010	12%	14%	16%	7%	12%	20%	0%	0%
Within the past 6 months	1,014	12%	13%	13%	10%	14%	15%	0%	0%
More than 6 months ago	1,654	20%	17%	14%	22%	25%	18%	0%	0%
Never	4,381	52%	51%	49%	59%	42%	34%	0%	0%

Q23p. Any incident which required you to call the police: Prior to the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,457		1,714	1,743	3,406	1,146	448	0	0
NET Ever	3,736	44%	41%	48%	40%	53%	53%	0%	0%
Daily	146	2%	2%	2%	1%	2%	4%	0%	0%
Monthly	620	7%	8%	10%	4%	9%	12%	0%	0%
Within the past 6 months	1,112	13%	13%	17%	10%	16%	20%	0%	0%
More than 6 months ago	1,858	22%	18%	19%	25%	26%	18%	0%	0%
Never	4,721	56%	59%	52%	60%	47%	47%	0%	0%

Q24a. People using drugs in public:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,533		1,721	1,759	3,436	1,160	457	0	0
Increase	4,610	54%	41%	7%	78%	72%	55%	0%	0%
No change	1,471	17%	24%	21%	11%	16%	28%	0%	0%
Decrease	2,093	25%	30%	64%	9%	9%	13%	0%	0%
Not applicable	359	4%	5%	9%	2%	3%	5%	0%	0%

Q24b. People dealing drugs in public:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,519		1,718	1,753	3,433	1,158	457	0	0
Increase	4,241	50%	37%	7%	73%	67%	48%	0%	0%
No change	2,316	27%	34%	36%	18%	25%	38%	0%	0%
Decrease	1,443	17%	21%	44%	6%	5%	10%	0%	0%
Not applicable	519	6%	8%	13%	3%	4%	4%	0%	0%

Q24c. People drinking alcohol in public:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,500		1,722	1,752	3,428	1,145	453	0	0
Increase	2,736	32%	29%	6%	44%	41%	32%	0%	0%
No change	4,352	51%	53%	57%	47%	50%	56%	0%	0%
Decrease	997	12%	14%	29%	5%	4%	7%	0%	0%
Not applicable	415	5%	5%	9%	3%	5%	5%	0%	0%

Q24d. People demonstrating erratic, aggressive or intimidating behaviour:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,514		1,716	1,748	3,437	1,157	456	0	0
Increase	4,740	56%	45%	9%	78%	76%	54%	0%	0%
No change	2,147	25%	33%	42%	15%	17%	31%	0%	0%
Decrease	1,318	16%	18%	42%	5%	5%	11%	0%	0%
Not applicable	309	4%	4%	8%	2%	2%	4%	0%	0%

Q24e. People using public spaces (alleys, stairwells, etc.) for biological needs such as urinating/defecating: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,511		1,721	1,755	3,429	1,150	456	0	0
Increase	4,306	51%	40%	7%	72%	68%	52%	0%	0%
No change	2,428	29%	37%	43%	19%	22%	32%	0%	0%
Decrease	1,271	15%	18%	39%	5%	5%	10%	0%	0%
Not applicable	506	6%	6%	11%	3%	5%	7%	0%	0%

Q24f. People loitering or hanging around the area: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	8,524		1,720	1,749	3,438	1,161	456	0	0
Increase	5,005	59%	51%	10%	80%	80%	61%	0%	0%
No change	2,193	26%	32%	50%	14%	15%	26%	0%	0%
Decrease	1,043	12%	13%	32%	5%	4%	10%	0%	0%
Not applicable	283	3%	4%	8%	1%	2%	4%	0%	0%

Q24g. People asking for money: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,493		1,718	1,747	3,422	1,151	455	0	0
Increase	3,901	46%	36%	7%	64%	65%	50%	0%	0%
No change	3,350	39%	49%	57%	30%	28%	37%	0%	0%
Decrease	877	10%	10%	26%	5%	4%	8%	0%	0%
Not applicable	365	4%	5%	9%	2%	3%	6%	0%	0%

Q24h. People selling sex: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,421		1,707	1,737	3,394	1,135	448	0	0
Increase	2,204	26%	18%	4%	39%	34%	33%	0%	0%
No change	3,910	46%	51%	46%	43%	48%	50%	0%	0%
Decrease	736	9%	9%	22%	4%	4%	8%	0%	0%
Not applicable	1,571	19%	23%	28%	14%	14%	10%	0%	0%

Q24i. People having sex in a public place:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,426		1,711	1,734	3,402	1,132	447	0	0
Increase	2,249	27%	16%	3%	43%	30%	27%	0%	0%
No change	3,712	44%	50%	42%	40%	49%	50%	0%	0%
Decrease	651	8%	7%	20%	3%	4%	7%	0%	0%
Not applicable	1,814	22%	27%	35%	14%	17%	16%	0%	0%

Q24j. People yelling or fighting outside:
After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,483		1,715	1,743	3,422	1,149	454	0	0
Increase	4,331	51%	41%	8%	71%	72%	51%	0%	0%
No change	2,595	31%	38%	46%	22%	21%	34%	0%	0%
Decrease	1,175	14%	15%	36%	5%	5%	10%	0%	0%
Not applicable	382	5%	5%	10%	2%	3%	5%	0%	0%

Q24k. People sleeping on the sidewalk, in doorways, or other public places: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,497		1,717	1,742	3,432	1,151	455	0	0
Increase	4,516	53%	43%	8%	75%	71%	54%	0%	0%
No change	2,662	31%	40%	54%	19%	22%	32%	0%	0%
Decrease	993	12%	13%	30%	4%	4%	10%	0%	0%
Not applicable	326	4%	4%	8%	2%	3%	4%	0%	0%

Q24l. People verbally assaulting, harassing, or intimidating you or someone you live with: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,484		1,717	1,741	3,423	1,151	452	0	0
Increase	3,351	40%	35%	6%	55%	53%	37%	0%	0%
No change	2,880	34%	37%	40%	30%	30%	41%	0%	0%
Decrease	807	10%	11%	25%	3%	3%	7%	0%	0%
Not applicable	1,446	17%	18%	29%	12%	15%	16%	0%	0%

Q24m. People physically assaulting you or someone you live with: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,453		1,709	1,739	3,411	1,139	455	0	0
Increase	1,677	20%	17%	3%	28%	24%	20%	0%	0%
No change	3,754	44%	46%	38%	46%	47%	48%	0%	0%
Decrease	519	6%	6%	15%	3%	3%	6%	0%	0%
Not applicable	2,503	30%	31%	44%	23%	26%	26%	0%	0%

Q24n. Someone robbing your home: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,449		1,708	1,740	3,408	1,139	454	0	0
Increase	1,956	23%	19%	3%	32%	32%	30%	0%	0%
No change	3,456	41%	42%	37%	42%	41%	40%	0%	0%
Decrease	523	6%	5%	15%	3%	5%	6%	0%	0%
Not applicable	2,514	30%	33%	45%	24%	22%	25%	0%	0%

Q24o. People trespassing in the area around your home: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,483		1,717	1,742	3,421	1,149	454	0	0
Increase	3,783	45%	37%	6%	61%	63%	51%	0%	0%
No change	2,546	30%	35%	40%	25%	24%	29%	0%	0%
Decrease	789	9%	10%	23%	4%	4%	8%	0%	0%
Not applicable	1,365	16%	19%	31%	10%	10%	12%	0%	0%

Q24p. Any incident which required you to call the police: After the supervised consumption services site opening in the area around your home, how often, if ever, did you see or experience the following activities?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	8,449		1,707	1,738	3,409	1,143	452	0	0
Increase	2,913	35%	29%	5%	47%	49%	36%	0%	0%
No change	2,991	35%	38%	38%	33%	33%	38%	0%	0%
Decrease	823	10%	11%	24%	4%	4%	6%	0%	0%
Not applicable	1,722	20%	22%	33%	15%	14%	19%	0%	0%

Q25a. Garbage or litter lying around: Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,879		808	1,211	1,011	431	242	948	1,228
NET Ever	5,111	87%	88%	90%	85%	90%	85%	85%	85%
Daily	2,451	42%	43%	45%	43%	44%	49%	41%	35%
Monthly	1,389	24%	23%	26%	22%	25%	20%	21%	26%
Within the past 6 months	920	16%	16%	15%	14%	16%	12%	16%	17%
More than 6 months ago	351	6%	7%	4%	5%	6%	4%	7%	8%
Never	768	13%	12%	10%	15%	10%	15%	15%	15%

Q25b. Discarded needles or syringes lying around: Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,868		806	1,204	1,016	427	242	949	1,224
NET Ever	2,775	47%	38%	39%	60%	62%	56%	49%	43%
Daily	380	7%	3%	2%	14%	11%	12%	6%	5%
Monthly	776	13%	8%	9%	20%	19%	21%	14%	11%
Within the past 6 months	942	16%	14%	15%	19%	20%	14%	19%	13%
More than 6 months ago	677	12%	14%	14%	7%	12%	10%	10%	14%
Never	3,093	53%	62%	61%	40%	38%	44%	51%	57%

Q25c. Discarded drug paraphernalia other than needles lying around: Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,841		804	1,198	1,008	422	243	945	1,221
NET Ever	2,694	46%	38%	37%	56%	58%	57%	49%	44%
Daily	345	6%	3%	2%	12%	9%	11%	6%	4%
Monthly	702	12%	7%	7%	20%	15%	17%	14%	11%
Within the past 6 months	920	16%	13%	14%	17%	19%	18%	18%	15%
More than 6 months ago	727	12%	15%	13%	8%	15%	11%	11%	14%
Never	3,147	54%	62%	63%	44%	42%	43%	51%	56%

Q25d. Empty beer cans or liquor bottles discarded inappropriately or lying on the ground: Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,872		808	1,210	1,010	426	243	952	1,223
NET Ever	4,794	82%	81%	81%	81%	82%	84%	80%	85%
Daily	828	14%	11%	12%	17%	15%	22%	12%	16%
Monthly	1,724	29%	30%	30%	27%	31%	31%	29%	30%
Within the past 6 months	1,449	25%	27%	25%	24%	25%	19%	24%	25%
More than 6 months ago	793	14%	14%	15%	13%	11%	12%	14%	13%
Never	1,078	18%	19%	19%	19%	18%	17%	20%	15%

Q25e. Vandalism (something was damaged on purpose) to property or vehicle(s) (including theft from vehicle): Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,887		809	1,209	1,019	428	243	954	1,225
NET Ever	4,828	82%	81%	81%	82%	90%	88%	80%	82%
Daily	675	12%	8%	8%	13%	15%	22%	14%	10%
Monthly	1,529	26%	22%	25%	28%	32%	35%	24%	26%
Within the past 6 months	1,536	26%	29%	27%	25%	25%	18%	24%	28%
More than 6 months ago	1,088	19%	22%	20%	16%	18%	13%	19%	18%
Never	1,059	18%	19%	19%	18%	10%	12%	20%	19%

Q25f. Break and enter, or attempted break and enter of a nearby home (or of your home): Have you ever seen or experienced the following in your neighbourhood?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,872		806	1,209	1,014	427	243	953	1,220
NET Ever	3,783	64%	64%	58%	64%	75%	76%	62%	67%
Daily	362	6%	3%	2%	9%	11%	14%	8%	6%
Monthly	905	15%	12%	11%	17%	18%	24%	16%	18%
Within the past 6 months	1,270	22%	23%	22%	21%	26%	21%	20%	21%
More than 6 months ago	1,246	21%	27%	23%	17%	21%	18%	19%	22%
Never	2,089	36%	36%	42%	36%	25%	24%	38%	33%

Q25. Additional comments (Optional, 500 character limit)	Total	Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	533	73	82	119	44	30	57	0
Verbatim responses								

Q26a. Garbage or litter lying around: Prior to the supervised consumption services site opening in the area around your home when if ever did you see or experience an increase or decrease in the following?	Total	Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,908	1,600	1,597	3,220	1,070	421	0	0
NET Ever	6,656	86%	91%	79%	84%	88%	0%	0%
Daily	2,970	43%	66%	22%	31%	43%	0%	0%
Monthly	1,984	26%	18%	28%	27%	25%	0%	0%
Within the past 6 months	1,026	11%	4%	17%	18%	15%	0%	0%
More than 6 months ago	676	7%	2%	13%	9%	5%	0%	0%
Never	1,252	14%	9%	21%	16%	12%	0%	0%

Q26b. Discarded needles or syringes lying around: Prior to the supervised consumption services site opening in the area around your home when if ever did you see or experience an increase or decrease in the following?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,917		1,596	1,591	3,234	1,074	422	0	0
NET Ever	4,530	57%	62%	80%	40%	65%	68%	0%	0%
Daily	940	12%	10%	23%	6%	14%	21%	0%	0%
Monthly	1,725	22%	27%	38%	11%	22%	24%	0%	0%
Within the past 6 months	1,237	16%	15%	13%	15%	21%	18%	0%	0%
More than 6 months ago	628	8%	10%	6%	8%	9%	6%	0%	0%
Never	3,387	43%	38%	20%	60%	35%	32%	0%	0%

Q26c. Discarded drug paraphernalia other than needles lying around: Prior to the supervised consumption services site opening in the area around your home when if ever did you see or experience an increase or decrease in the following?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,893		1,587	1,589	3,227	1,071	419	0	0
NET Ever	4,392	56%	58%	75%	41%	64%	65%	0%	0%
Daily	894	11%	10%	21%	6%	13%	20%	0%	0%
Monthly	1,606	20%	24%	35%	11%	21%	22%	0%	0%
Within the past 6 months	1,216	15%	15%	13%	15%	20%	18%	0%	0%
More than 6 months ago	676	9%	10%	6%	9%	10%	5%	0%	0%
Never	3,501	44%	42%	25%	59%	36%	35%	0%	0%

Q26d. Empty beer cans or liquor bottles discarded inappropriately or lying on the ground: Prior to the supervised consumption services site opening in the area around your home when if ever did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,895		1,593	1,595	3,222	1,064	421	0	0
NET Ever	6,542	83%	85%	87%	80%	82%	82%	0%	0%
Daily	1,721	22%	27%	40%	12%	16%	25%	0%	0%
Monthly	2,622	33%	36%	34%	33%	31%	29%	0%	0%
Within the past 6 months	1,238	16%	13%	9%	18%	22%	19%	0%	0%
More than 6 months ago	961	12%	9%	4%	18%	13%	8%	0%	0%
Never	1,353	17%	15%	13%	20%	18%	18%	0%	0%

Q26e. Vandalism
(something was
damaged on purpose)
to property or
vehicle(s) (including
theft from vehicle):
Prior to the supervised
consumption services
site opening in the
area around your
home when if ever did
you see or experience
an increase or
decrease in the
following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,895		1,588	1,593	3,224	1,068	422	0	0
NET Ever	6,083	77%	75%	81%	73%	84%	83%	0%	0%
Daily	966	12%	11%	21%	7%	15%	24%	0%	0%
Monthly	2,310	29%	34%	40%	21%	31%	31%	0%	0%
Within the past 6 months	1,648	21%	18%	13%	25%	25%	18%	0%	0%
More than 6 months ago	1,159	15%	12%	7%	21%	13%	10%	0%	0%
Never	1,812	23%	25%	19%	27%	16%	17%	0%	0%

Q26f. Break and enter, or attempted break and enter of a nearby home (or of your home): Prior to the supervised consumption services site opening in the area around your home when if ever did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	7,856		1,579	1,582	3,212	1,064	419	0	0
NET Ever	4,242	54%	48%	51%	52%	68%	72%	0%	0%
Daily	425	5%	3%	5%	3%	10%	18%	0%	0%
Monthly	1,206	15%	15%	21%	11%	19%	24%	0%	0%
Within the past 6 months	1,418	18%	14%	14%	19%	25%	20%	0%	0%
More than 6 months ago	1,193	15%	15%	11%	18%	15%	9%	0%	0%
Never	3,614	46%	52%	49%	49%	32%	28%	0%	0%

Q27a. Garbage or litter lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,957		1,607	1,613	3,239	1,073	425	0	0
Increase	4,084	51%	42%	9%	70%	71%	57%	0%	0%
No change	2,767	35%	44%	56%	24%	23%	33%	0%	0%
Decrease	850	11%	11%	29%	4%	5%	7%	0%	0%
Not applicable	256	3%	3%	6%	2%	2%	4%	0%	0%

Q27b. Discarded needles or syringes lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,964		1,605	1,612	3,244	1,078	425	0	0
Increase	4,338	55%	41%	8%	78%	72%	57%	0%	0%
No change	1,350	17%	25%	19%	11%	16%	24%	0%	0%
Decrease	1,877	24%	27%	64%	8%	9%	14%	0%	0%
Not applicable	399	5%	6%	9%	3%	3%	5%	0%	0%

Q27c. Discarded drug paraphernalia other than needles lying around: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,953		1,604	1,610	3,243	1,071	425	0	0
Increase	4,166	52%	39%	7%	76%	69%	54%	0%	0%
No change	1,614	20%	29%	23%	14%	20%	27%	0%	0%
Decrease	1,664	21%	23%	58%	7%	8%	12%	0%	0%
Not applicable	509	6%	9%	12%	3%	3%	8%	0%	0%

Q27d. Empty beer cans or liquor bottles discarded inappropriately or lying on the ground: After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,943		1,605	1,607	3,236	1,070	425	0	0
Increase	3,102	39%	34%	6%	53%	52%	44%	0%	0%
No change	3,591	45%	48%	56%	40%	41%	44%	0%	0%
Decrease	904	11%	13%	30%	5%	4%	8%	0%	0%
Not applicable	346	4%	4%	8%	3%	3%	5%	0%	0%

Q27e. Vandalism (something was damaged on purpose) to property or vehicle(s) (including theft from vehicle): After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,953		1,604	1,609	3,237	1,079	424	0	0
Increase	4,231	53%	42%	8%	74%	74%	55%	0%	0%
No change	2,394	30%	38%	51%	19%	20%	33%	0%	0%
Decrease	779	10%	11%	27%	3%	3%	6%	0%	0%
Not applicable	549	7%	9%	14%	4%	3%	6%	0%	0%

Q27f. Break and enter, or attempted break and enter of a nearby home (or of your home): After the supervised consumption services site opening in the area around your home did you see or experience an increase or decrease in the following?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,919		1,593	1,599	3,229	1,074	424	0	0
Increase	3,739	47%	37%	6%	65%	67%	55%	0%	0%
No change	2,394	30%	36%	44%	23%	24%	31%	0%	0%
Decrease	579	7%	8%	20%	3%	3%	5%	0%	0%
Not applicable	1,207	15%	20%	30%	9%	7%	9%	0%	0%

Q27. Additional comments (Optional, 500 character limit)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	1,293		321	282	451	148	62	0	0

Verbatim responses

Q28a. I feel safe walking in this area during the day: We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,808		800	1,194	1,006	424	237	939	1,208
NET Agree	4,718	81%	93%	94%	65%	68%	66%	81%	83%
NET Disagree	649	11%	4%	3%	24%	19%	18%	11%	10%
Strongly disagree	308	5%	2%	2%	11%	9%	6%	4%	6%
Disagree	341	6%	2%	1%	13%	11%	12%	7%	4%
Neither agree nor disagree	372	6%	3%	3%	10%	12%	15%	7%	5%
Agree	1,590	27%	24%	23%	29%	33%	34%	32%	27%
Strongly agree	3,128	54%	69%	71%	36%	34%	32%	49%	57%
Not applicable	69	1%	0%	0%	2%	1%	1%	1%	2%

Q28b. I feel safe walking in this area after dark: We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,804		800	1,194	1,003	424	237	940	1,206
NET Agree	2,955	51%	65%	65%	31%	31%	27%	47%	59%
NET Disagree	1,983	34%	22%	19%	55%	55%	57%	37%	26%
Strongly disagree	923	16%	6%	5%	34%	30%	31%	14%	12%
Disagree	1,060	18%	16%	14%	21%	24%	27%	23%	14%
Neither agree nor disagree	789	14%	13%	15%	12%	13%	15%	15%	13%
Agree	1,657	29%	38%	38%	18%	18%	15%	26%	30%
Strongly agree	1,298	22%	28%	27%	14%	13%	11%	21%	28%
Not applicable	77	1%	0%	1%	2%	2%	1%	1%	2%

Q28c. I feel safe in my home during the day:
We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,798		799	1,193	1,003	422	238	939	1,204
NET Agree	4,935	85%	93%	94%	75%	76%	70%	86%	86%
NET Disagree	353	6%	3%	3%	11%	11%	12%	5%	5%
Strongly disagree	167	3%	2%	2%	5%	5%	3%	3%	3%
Disagree	186	3%	1%	1%	7%	6%	9%	3%	3%
Neither agree nor disagree	389	7%	4%	2%	11%	12%	16%	7%	6%
Agree	1,586	27%	22%	18%	35%	38%	36%	31%	26%
Strongly agree	3,349	58%	71%	76%	40%	38%	34%	56%	60%
Not applicable	121	2%	1%	1%	2%	2%	2%	2%	4%

Q28d. I feel safe in my home after dark:
We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,799		800	1,193	1,003	424	238	938	1,203
NET Agree	4,335	75%	85%	89%	60%	57%	54%	75%	76%
NET Disagree	705	12%	6%	5%	22%	24%	26%	11%	10%
Strongly disagree	280	5%	2%	2%	9%	8%	9%	5%	4%
Disagree	425	7%	4%	2%	13%	16%	17%	6%	6%
Neither agree nor disagree	646	11%	8%	5%	16%	18%	18%	13%	11%
Agree	1,671	29%	26%	27%	30%	30%	28%	33%	28%
Strongly agree	2,664	46%	59%	62%	30%	27%	27%	42%	49%
Not applicable	113	2%	1%	1%	2%	2%	2%	2%	4%

Q28e. I feel safe in my yard during the day:
We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,797		799	1,189	1,003	424	237	940	1,205
NET Agree	4,660	80%	86%	84%	70%	74%	69%	84%	83%
NET Disagree	393	7%	4%	3%	14%	10%	11%	6%	5%
Strongly disagree	171	3%	2%	2%	5%	4%	3%	3%	3%
Disagree	222	4%	2%	1%	9%	7%	8%	3%	3%
Neither agree nor disagree	410	7%	4%	2%	12%	13%	17%	7%	7%
Agree	1,577	27%	20%	20%	34%	38%	34%	30%	26%
Strongly agree	3,083	53%	66%	65%	37%	35%	35%	54%	57%
Not applicable	334	6%	6%	11%	3%	4%	3%	4%	5%

Q28f. I feel safe in my yard after dark:
We want to know how safe you currently feel in the neighbourhood where you live. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,788		799	1,189	1,000	423	238	938	1,201
NET Agree	3,669	63%	74%	72%	47%	49%	48%	64%	69%
NET Disagree	1,115	19%	10%	10%	35%	31%	32%	19%	15%
Strongly disagree	462	8%	4%	3%	17%	14%	13%	7%	6%
Disagree	653	11%	6%	6%	18%	18%	19%	12%	9%
Neither agree nor disagree	689	12%	10%	8%	15%	17%	17%	14%	11%
Agree	1,514	26%	28%	26%	23%	26%	28%	28%	26%
Strongly agree	2,155	37%	46%	46%	25%	23%	21%	36%	43%
Not applicable	315	5%	6%	11%	3%	3%	3%	3%	5%

Q28. Additional comments (Optional, 500 character limit)

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	527		67	63	126	51	27	72	0

Verbatim responses

Q29a. In my home during the day:
If a supervised consumption services site were to open in your neighborhood, how safe do you think you would feel?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,812		802	1,195	1,003	424	239	942	1,207
Safer than before	228	4%	3%	8%	1%	1%	2%	2%	5%
No change	2,528	44%	58%	73%	22%	22%	28%	31%	43%
Less safe than before	2,969	51%	39%	17%	76%	75%	68%	65%	51%
Not applicable	87	2%	1%	2%	1%	1%	2%	2%	2%

Q29b. In my home after dark:
If a supervised consumption services site were to open in your neighborhood, how safe do you think you would feel?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,811		802	1,194	1,003	424	240	941	1,207
Safer than before	272	5%	4%	11%	1%	1%	2%	3%	6%
No change	2,085	36%	50%	65%	15%	19%	21%	21%	37%
Less safe than before	3,369	58%	46%	23%	83%	79%	75%	75%	56%
Not applicable	85	2%	1%	2%	1%	1%	2%	1%	2%

Q29c. In my yard during the day: If a supervised consumption services site were to open in your neighborhood, how safe do you think you would feel?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,808		802	1,194	1,002	423	240	940	1,207
Safer than before	229	4%	3%	9%	1%	1%	2%	3%	5%
No change	2,269	39%	53%	64%	20%	22%	23%	27%	40%
Less safe than before	3,091	53%	40%	19%	78%	75%	72%	68%	53%
Not applicable	219	4%	4%	8%	2%	2%	3%	3%	2%

Q29d. In my yard after dark: If a supervised consumption services site were to open in your neighborhood, how safe do you think you would feel?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	5,802		801	1,195	1,002	422	239	939	1,204
Safer than before	274	5%	4%	11%	1%	1%	3%	3%	6%
No change	1,793	31%	42%	55%	12%	15%	16%	18%	34%
Less safe than before	3,517	61%	50%	26%	85%	82%	78%	77%	58%
Not applicable	218	4%	4%	8%	2%	2%	3%	2%	3%

Q29. Additional comments (Optional, 500 character limit)	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Do not have SCS in neighbourhood	537		74	102	124	43	28	69	0

Verbatim responses

Q30a. I felt safe walking in this area during the day: Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,911		1,619	1,606	3,207	1,066	413	0	0
NET Agree	6,474	82%	87%	71%	88%	76%	67%	0%	0%
NET Disagree	799	10%	6%	14%	7%	16%	23%	0%	0%
Strongly disagree	316	4%	2%	3%	3%	7%	12%	0%	0%
Disagree	483	6%	4%	11%	3%	9%	11%	0%	0%
Neither agree nor disagree	525	7%	5%	12%	4%	7%	10%	0%	0%
Agree	3,222	41%	38%	45%	40%	44%	35%	0%	0%
Strongly agree	3,252	41%	50%	26%	48%	33%	32%	0%	0%
Not applicable	113	1%	1%	3%	1%	1%	1%	0%	0%

Q30b. I did not feel safe walking in this area after dark: Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,898		1,617	1,604	3,199	1,064	414	0	0
NET Agree	2,688	34%	28%	44%	30%	40%	41%	0%	0%
NET Disagree	3,687	47%	53%	35%	52%	41%	42%	0%	0%
Strongly disagree	1,213	15%	19%	9%	18%	13%	17%	0%	0%
Disagree	2,474	31%	34%	26%	34%	28%	26%	0%	0%
Neither agree nor disagree	1,380	18%	18%	19%	17%	18%	16%	0%	0%
Agree	1,890	24%	21%	32%	21%	25%	21%	0%	0%
Strongly agree	798	10%	6%	12%	9%	14%	20%	0%	0%
Not applicable	143	2%	2%	3%	1%	1%	1%	0%	0%

Q30c. I felt safe in my home during the day: Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,892		1,613	1,601	3,202	1,063	413	0	0
NET Agree	6,844	87%	87%	82%	91%	83%	80%	0%	0%
NET Disagree	298	4%	3%	4%	3%	6%	9%	0%	0%
Strongly disagree	179	2%	2%	2%	2%	3%	3%	0%	0%
Disagree	119	2%	1%	2%	1%	3%	5%	0%	0%
Neither agree nor disagree	307	4%	3%	6%	2%	7%	9%	0%	0%
Agree	2,446	31%	27%	36%	28%	38%	32%	0%	0%
Strongly agree	4,398	56%	60%	46%	63%	45%	48%	0%	0%
Not applicable	443	6%	8%	9%	4%	4%	3%	0%	0%

Q30d. I felt safe in my home after dark:
Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,886		1,611	1,601	3,198	1,063	413	0	0
NET Agree	6,489	82%	84%	76%	88%	78%	71%	0%	0%
NET Disagree	504	6%	4%	7%	5%	10%	15%	0%	0%
Strongly disagree	215	3%	2%	2%	2%	4%	6%	0%	0%
Disagree	289	4%	2%	6%	2%	6%	9%	0%	0%
Neither agree nor disagree	434	6%	4%	8%	4%	8%	11%	0%	0%
Agree	2,623	33%	29%	37%	32%	39%	32%	0%	0%
Strongly agree	3,866	49%	55%	39%	56%	39%	39%	0%	0%
Not applicable	459	6%	8%	9%	4%	4%	3%	0%	0%

Q30e. I felt safe in my yard during the day:
Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,890		1,610	1,599	3,203	1,064	414	0	0
NET Agree	6,206	79%	66%	67%	90%	82%	76%	0%	0%
NET Disagree	372	5%	3%	5%	4%	7%	11%	0%	0%
Strongly disagree	193	2%	2%	2%	2%	4%	4%	0%	0%
Disagree	179	2%	1%	3%	1%	3%	7%	0%	0%
Neither agree nor disagree	337	4%	4%	8%	2%	6%	9%	0%	0%
Agree	2,439	31%	24%	36%	29%	38%	32%	0%	0%
Strongly agree	3,767	48%	42%	32%	61%	44%	44%	0%	0%
Not applicable	975	12%	27%	20%	4%	5%	4%	0%	0%

Q30f. I felt safe in my yard after dark: Prior to the supervised consumption services site opening, we want to know how safe you felt in the area around your home. Please indicate how much you agree or disagree with each of the following statements.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,876		1,608	1,601	3,192	1,063	412	0	0
NET Agree	5,472	70%	59%	52%	84%	72%	65%	0%	0%
NET Disagree	851	11%	7%	16%	7%	16%	21%	0%	0%
Strongly disagree	324	4%	3%	5%	3%	7%	10%	0%	0%
Disagree	527	7%	4%	11%	4%	10%	10%	0%	0%
Neither agree nor disagree	554	7%	7%	11%	5%	7%	10%	0%	0%
Agree	2,470	31%	26%	30%	34%	35%	32%	0%	0%
Strongly agree	3,002	38%	33%	23%	50%	36%	34%	0%	0%
Not applicable	999	13%	28%	21%	4%	5%	5%	0%	0%

Q31a. Walking in this area during the day: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,904		1,618	1,603	3,205	1,064	414	0	0
Safer than before	1,062	13%	16%	38%	4%	4%	8%	0%	0%
No change	2,657	34%	42%	51%	24%	22%	37%	0%	0%
Less safe than before	4,035	51%	41%	7%	71%	73%	53%	0%	0%
Not applicable	150	2%	2%	4%	1%	1%	2%	0%	0%

Q31b. In my home during the day:
After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,888		1,614	1,598	3,200	1,062	414	0	0
Safer than before	728	9%	11%	26%	3%	4%	6%	0%	0%
No change	4,172	53%	58%	60%	50%	43%	51%	0%	0%
Less safe than before	2,555	32%	23%	4%	45%	49%	39%	0%	0%
Not applicable	433	6%	9%	9%	3%	4%	4%	0%	0%

Q31c. Walking in this area after dark:
After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,891		1,614	1,602	3,199	1,062	414	0	0
Safer than before	966	12%	14%	35%	3%	4%	7%	0%	0%
No change	2,260	29%	37%	51%	16%	18%	34%	0%	0%
Less safe than before	4,452	56%	46%	9%	79%	77%	57%	0%	0%
Not applicable	213	3%	3%	6%	1%	2%	3%	0%	0%

Q31d. In my home after dark: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,884		1,613	1,596	3,199	1,062	414	0	0
Safer than before	712	9%	10%	25%	3%	3%	6%	0%	0%
No change	3,551	45%	52%	58%	39%	35%	45%	0%	0%
Less safe than before	3,096	39%	27%	5%	56%	58%	45%	0%	0%
Not applicable	525	7%	11%	12%	3%	4%	4%	0%	0%

Q31e. In my yard after dark: After the supervised consumption services site opening, we want to know how safe you currently feel in the area around your home.	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,867		1,609	1,595	3,190	1,060	413	0	0
Safer than before	724	9%	10%	26%	3%	3%	6%	0%	0%
No change	2,789	36%	38%	49%	29%	27%	40%	0%	0%
Less safe than before	3,503	45%	27%	6%	65%	65%	49%	0%	0%
Not applicable	851	11%	25%	18%	3%	5%	5%	0%	0%

Q32. In your opinion, over the past 6 months to a year has crime increased, decreased, or stayed about the same in the area around your home?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Total answering	13,778		2,434	2,837	4,213	1,487	661	944	1,202
NET Increased	7,402	54%	42%	16%	76%	78%	73%	55%	47%
NET Decreased	1,506	11%	13%	29%	5%	4%	6%	2%	4%
Decreased a lot	481	4%	4%	9%	2%	2%	2%	0%	1%
Decreased a little	1,025	7%	9%	20%	4%	3%	4%	1%	3%
Stayed about the same	3,759	27%	35%	41%	14%	14%	17%	37%	41%
Increased a little	2,219	16%	14%	10%	17%	16%	15%	27%	23%
Increased a lot	5,183	38%	28%	6%	59%	62%	59%	28%	25%
I don't know	1,111	8%	10%	15%	5%	4%	5%	7%	8%

Q33. One of the goals of this assessment is to develop tangible mitigation strategies that could be implemented to address some of the potential or unintended adverse social or economic impacts of supervised consumption services. If you have seen or experienced any of the activities or environmental issues noted in the previous questions, was there (to your knowledge) any type of coordinated community response to attempt to address them?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city
Base: Have SCS in neighbourhood	7,771		1,590	1,588	3,140	1,040	413	0	0
Yes	3,130	40%	43%	29%	47%	34%	38%	0%	0%
No	3,136	40%	34%	32%	43%	52%	51%	0%	0%
Not seen or experienced any of the issues described	1,505	19%	23%	39%	11%	14%	11%	0%	0%

Q34. Do you believe this coordinated community response made an impact?

	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Aware of coordinated community response	3,102		680	459	1,456	354	153	0	0
Yes	1,777	57%	69%	88%	48%	41%	40%	0%	0%
No	1,325	43%	31%	12%	52%	59%	60%	0%	0%

Q35. Have you previously raised any concerns with your local supervised consumption services site operator?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Have SCS in neighbourhood	7,891		1,617	1,632	3,182	1,045	415	0	0
Yes	1,018	13%	13%	3%	18%	13%	15%	0%	0%
No	5,866	74%	75%	79%	71%	75%	77%	0%	0%
Not applicable	1,007	13%	12%	18%	11%	12%	9%	0%	0%

Q36. Were your concerns addressed?	Total		Calgary	Edmonton	Lethbridge	Red Deer	Grande Prairie	Medicine Hat	Other town or city in Alberta
Base: Raised concerns with site operator	1,005		205	49	558	134	59	0	0
Yes	88	9%	9%	20%	8%	10%	3%	0%	0%
No	889	89%	86%	74%	90%	88%	97%	0%	0%
Not applicable	28	3%	5%	6%	2%	2%	0%	0%	0%

Survey: First Responders

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	507		57	268	66	90	13	10	3
Police services	442	87%	95%	91%	98%	62%	100%	100%	33%
Fire response services	29	6%	2%	1%	0%	29%	0%	0%	0%
Emergency Medical Services	33	7%	4%	0%	0%	32%	0%	0%	33%
Medical First Responder	8	2%	2%	1%	0%	6%	0%	0%	0%
Peace or Bylaw Officer	25	5%	0%	8%	2%	3%	0%	0%	0%
Other	5	1%	0%	1%	0%	2%	0%	0%	33%

Q2. In this field, is your work primarily...	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	501		56	265	65	90	12	10	3
Full-time	495	99%	98%	100%	100%	96%	100%	100%	67%
Part time	3	1%	2%	0%	0%	2%	0%	0%	0%
Casual or shift-based hours	0	0%	0%	0%	0%	0%	0%	0%	0%
As a volunteer	0	0%	0%	0%	0%	0%	0%	0%	0%
Other (please specify):	3	1%	0%	0%	0%	2%	0%	0%	33%

Q4. In which city do you primarily work?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	507		57	268	66	90	13	10	3
Edmonton	57	11%	100%	0%	0%	0%	0%	0%	0%
Calgary	268	53%	0%	100%	0%	0%	0%	0%	0%
Lethbridge	66	13%	0%	0%	100%	0%	0%	0%	0%
Red Deer	90	18%	0%	0%	0%	100%	0%	0%	0%
Medicine Hat	13	3%	0%	0%	0%	0%	100%	0%	0%
Grande Prairie	10	2%	0%	0%	0%	0%	0%	100%	0%
Another town or city in Alberta	3	1%	0%	0%	0%	0%	0%	0%	100%

Q6. How often do you respond to or manage calls for service to nearby SCS sites?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	503		57	266	65	90	12	10	3
More than once a day	123	24%	26%	18%	38%	33%	8%	40%	0%
Daily	123	24%	30%	20%	31%	38%	0%	0%	0%
Weekly	77	15%	16%	13%	20%	19%	8%	10%	33%
Monthly	25	5%	4%	7%	3%	3%	0%	0%	0%
A few times per year	18	4%	5%	5%	0%	0%	0%	20%	0%
Rarely	72	14%	14%	20%	8%	3%	8%	20%	0%
Never	65	13%	5%	18%	0%	3%	75%	10%	67%

Q7. Prior to the SCS site(s) opening, how often did you work in these neighbourhoods in your role as a first responder?

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	500		57	265	64	89	12	10	3
Daily	184	37%	82%	29%	19%	39%	42%	80%	33%
Weekly	104	21%	7%	19%	27%	34%	8%	10%	0%
Monthly	49	10%	4%	8%	23%	12%	8%	0%	0%
A few times per year	33	7%	2%	8%	8%	6%	8%	10%	0%
Rarely	70	14%	2%	20%	17%	4%	0%	0%	0%
Never	60	12%	4%	17%	6%	4%	33%	0%	67%

Q8. How do you identify (gender)?

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	501		57	264	65	90	12	10	3
Female	72	14%	14%	16%	8%	13%	8%	30%	0%
Male	393	78%	82%	76%	88%	78%	92%	70%	33%
Prefer not to say	33	7%	4%	7%	5%	9%	0%	0%	33%
Other (please specify):	3	1%	0%	1%	0%	0%	0%	0%	33%

Q9. Prior to the SCS site(s) opening, how often did you work in these neighbourhoods in your role as a first responder?

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	503		57	266	65	90	12	10	3
18-24 years	3	1%	0%	1%	0%	0%	8%	0%	0%
25-34 years	141	28%	42%	24%	34%	22%	25%	60%	33%
35-44 years	184	37%	33%	35%	37%	48%	25%	20%	0%
45-54 years	139	28%	18%	33%	26%	20%	25%	20%	33%
55-64 years	12	2%	4%	3%	2%	1%	0%	0%	0%
65-74 years	0	0%	0%	0%	0%	0%	0%	0%	0%
75 years or older	0	0%	0%	0%	0%	0%	0%	0%	0%
Prefer not to say	24	5%	4%	4%	2%	9%	17%	0%	33%

Q10. On a scale of 1-10, how familiar are you with the operations and services offered at SCS sites?

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	503		57	266	66	90	11	10	3
1- Not familiar	13	3%	0%	3%	2%	1%	9%	20%	0%
2	9	2%	2%	3%	2%	0%	0%	0%	0%
3	12	2%	7%	3%	0%	0%	0%	0%	0%
4	10	2%	2%	2%	2%	2%	0%	0%	0%
Somewhat familiar	66	13%	19%	15%	3%	11%	9%	20%	0%
6	19	4%	2%	2%	11%	4%	9%	10%	0%
7	76	15%	18%	14%	9%	19%	27%	20%	0%
8	145	29%	30%	27%	38%	31%	9%	10%	0%
9	60	12%	7%	12%	17%	12%	9%	10%	33%
10 - Very familiar	93	18%	14%	19%	18%	19%	27%	10%	67%

Q11. Please indicate which, if any, of the following operations and services you are aware of at SCS sites.	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	503		57	266	66	90	11	10	3
Supervision of drug use by trained staff	464	92%	86%	92%	94%	97%	100%	90%	67%
Clean and sterile environment for injecting or using drugs	448	89%	89%	88%	91%	89%	100%	90%	67%
Assistance from staff if overdose occurs in the supervised consumption services site	455	90%	81%	91%	94%	94%	91%	80%	67%
Provision of clean equipment and syringes	438	87%	88%	87%	88%	88%	91%	70%	67%
Safety and security	336	67%	53%	68%	76%	69%	64%	50%	67%
Safe disposal of used equipment	410	82%	82%	86%	79%	72%	73%	80%	67%
Don't know	16	3%	4%	4%	3%	1%	0%	0%	0%
Prefer not to say	3	1%	0%	1%	0%	0%	0%	0%	0%
Other (please specify):	28	6%	5%	4%	12%	3%	0%	30%	33%

Q12. How much impact do you believe the presence of SCS site(s) in your city has had on your role as a first responder?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	504		57	268	66	90	10	10	3
Very much	213	42%	18%	41%	73%	44%	40%	10%	33%
Quite a bit	155	31%	30%	33%	20%	39%	0%	10%	0%
Some	81	16%	33%	17%	5%	8%	10%	50%	33%
Very little	37	7%	12%	7%	2%	7%	0%	30%	0%
None	18	4%	7%	2%	2%	2%	50%	0%	33%

Q13. In what way, if any, has the SCS site(s) impacted your role as a first responder?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	502		57	266	66	90	10	10	3
Very positive impact	5	1%	7%	0%	0%	0%	0%	0%	0%
Somewhat positive impact	17	3%	0%	3%	0%	6%	0%	30%	0%
Neutral	67	13%	33%	12%	5%	7%	10%	40%	33%
Somewhat negative impact	73	15%	26%	11%	12%	19%	20%	10%	0%
Mostly negative impact	325	65%	33%	69%	83%	68%	30%	20%	33%
Don't know	15	3%	0%	3%	0%	1%	40%	0%	33%

Q15. Has the opening of the SCS site impacted your physical or emotional health?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	471		56	251	63	83	8	9	1
Yes	140	30%	20%	26%	41%	40%	13%	22%	100%
No	267	57%	79%	59%	44%	42%	63%	67%	0%
Unsure	64	14%	2%	14%	14%	18%	25%	11%	0%

Q16. Have you raised any concerns related to SCS site(s) with your management or the SCS site operator?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	469		56	250	62	83	8	9	1
Yes	178	38%	27%	37%	60%	36%	25%	22%	0%
No	261	56%	68%	59%	35%	51%	63%	67%	0%
Unsure	30	6%	5%	4%	5%	13%	13%	11%	100%

Q17. Do you feel your concerns were addressed?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Raised concerns about SCS site	175		15	91	35	30	2	2	0
Yes	25	14%	13%	10%	14%	27%	50%	0%	
No	104	59%	73%	60%	69%	40%	50%	50%	
Unsure	46	26%	13%	30%	17%	33%	0%	50%	

Q18. Did you or your manager approach the Alberta Health Services health zone to raise these concerns?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Raised concerns about SCS site	176		15	91	36	30	2	2	0
Yes	64	36%	27%	52%	8%	30%	50%	0%	
No	34	19%	20%	20%	28%	7%	0%	50%	
Unsure	78	44%	53%	29%	64%	63%	50%	50%	

Q19. Do you feel your concerns were addressed by Alberta Health Services?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Raised concerns with AHS about SCS site	63		4	46	3	9	1	0	0
Yes	4	6%	25%	4%	0%	11%	0%		
No	40	63%	75%	63%	67%	56%	100%		
Unsure	19	30%	0%	33%	33%	33%	0%		

Q20. To what extent do SCS sites align with your personal values?	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	476		56	251	62	85	12	9	1
Very much	10	2%	4%	2%	3%	0%	0%	0%	0%
Quite a bit	22	5%	9%	5%	5%	1%	0%	0%	0%
Some	96	20%	23%	16%	27%	20%	17%	67%	0%
Very little	176	37%	29%	38%	39%	39%	42%	22%	100%
None	162	34%	30%	36%	26%	40%	42%	0%	0%
Prefer not to say	10	2%	5%	2%	0%	0%	0%	11%	0%

Q27a. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons? People in medical distress (i.e. overdose)	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	406		50	204	55	80	9	7	1
Daily	46	11%	22%	6%	0%	20%	33%	43%	0%
Weekly	91	22%	38%	16%	11%	36%	33%	29%	0%
Monthly	126	31%	32%	32%	33%	30%	22%	14%	0%
Yearly	51	13%	2%	16%	20%	6%	11%	0%	0%
Never	92	23%	6%	30%	36%	8%	0%	14%	100%

Q27b. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
People using drugs in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	409		50	206	56	80	9	7	1
Daily	100	24%	58%	13%	5%	41%	56%	57%	0%
Weekly	89	22%	26%	19%	16%	30%	22%	14%	0%
Monthly	105	26%	8%	32%	39%	15%	11%	14%	0%
Yearly	49	12%	2%	15%	23%	4%	0%	0%	100%
Never	66	16%	6%	21%	16%	10%	11%	14%	0%

Q27c. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
Drug violations (possession, trafficking)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	396		50	202	54	73	9	7	1
Daily	71	18%	52%	8%	6%	25%	33%	57%	0%
Weekly	101	26%	34%	21%	22%	32%	56%	14%	0%
Monthly	97	24%	2%	30%	35%	19%	11%	14%	100%
Yearly	47	12%	2%	16%	19%	4%	0%	0%	0%
Never	80	20%	10%	24%	19%	21%	0%	14%	0%

Q27d. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

People drinking alcohol in public	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	403		50	204	56	76	9	7	1
Daily	121	30%	70%	19%	36%	29%	33%	29%	0%
Weekly	108	27%	18%	26%	30%	32%	33%	14%	0%
Monthly	82	20%	2%	26%	20%	14%	33%	43%	0%
Yearly	33	8%	2%	10%	9%	8%	0%	0%	100%
Never	59	15%	8%	19%	5%	17%	0%	14%	0%

Q27e. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

People urinating/defecating in public	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	402		50	205	56	74	9	7	1
Daily	72	18%	54%	10%	18%	18%	22%	0%	0%
Weekly	89	22%	26%	23%	16%	22%	33%	14%	0%
Monthly	113	28%	8%	30%	36%	30%	22%	57%	0%
Yearly	49	12%	2%	15%	18%	7%	22%	0%	100%
Never	79	20%	10%	23%	13%	24%	0%	29%	0%

Q27f. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons? People loitering or hanging around the area

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	402		50	205	56	74	9	7	1
Daily	122	30%	72%	15%	23%	39%	89%	71%	0%
Weekly	101	25%	16%	28%	27%	26%	11%	0%	0%
Monthly	69	17%	2%	23%	21%	11%	0%	14%	0%
Yearly	39	10%	2%	13%	13%	5%	0%	0%	0%
Never	71	18%	8%	20%	16%	19%	0%	14%	100%

Q27g. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons? People selling sex or having sex in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	395		50	200	56	72	9	7	1
Daily	31	8%	24%	6%	2%	6%	22%	14%	0%
Weekly	40	10%	24%	10%	9%	4%	0%	0%	0%
Monthly	98	25%	32%	22%	23%	29%	11%	57%	0%
Yearly	92	23%	8%	25%	36%	22%	22%	0%	100%
Never	134	34%	12%	39%	30%	39%	44%	29%	0%

Q27h. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Assault	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	404		50	204	56	77	9	7	1
Daily	64	16%	50%	7%	9%	18%	44%	14%	0%
Weekly	108	27%	38%	21%	29%	35%	0%	43%	0%
Monthly	120	30%	4%	31%	43%	30%	56%	29%	0%
Yearly	52	13%	4%	18%	9%	12%	0%	0%	0%
Never	60	15%	4%	23%	11%	5%	0%	14%	100%

Q27i. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Sexual assault	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	398		50	202	54	75	9	7	1
Daily	19	5%	20%	2%	0%	4%	11%	0%	0%
Weekly	50	13%	24%	14%	9%	5%	0%	0%	0%
Monthly	119	30%	38%	23%	35%	39%	11%	71%	0%
Yearly	109	27%	14%	28%	31%	31%	44%	14%	100%
Never	101	25%	4%	33%	24%	21%	33%	14%	0%

Q27j. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
People sleeping on the sidewalk, in doorways, or other public places

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	400		50	204	55	74	9	7	1
Daily	119	30%	70%	20%	18%	32%	78%	43%	0%
Weekly	95	24%	18%	22%	24%	32%	22%	29%	0%
Monthly	76	19%	2%	23%	27%	18%	0%	14%	0%
Yearly	49	12%	2%	15%	16%	9%	0%	0%	100%
Never	61	15%	8%	21%	15%	8%	0%	14%	0%

Q27k. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
People demonstrating erratic, aggressive or intimidating behaviour

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	402		50	204	55	76	9	7	1
Daily	95	24%	68%	12%	7%	30%	56%	57%	0%
Weekly	91	23%	20%	22%	16%	30%	33%	14%	0%
Monthly	101	25%	4%	28%	42%	22%	11%	14%	0%
Yearly	56	14%	4%	16%	24%	9%	0%	0%	100%
Never	59	15%	4%	22%	11%	8%	0%	14%	0%

Q27l. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
People trespassing

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	398		50	204	55	72	9	7	1
Daily	99	25%	62%	13%	11%	33%	78%	71%	0%
Weekly	78	20%	22%	18%	25%	21%	11%	0%	0%
Monthly	93	23%	6%	28%	31%	18%	0%	14%	100%
Yearly	53	13%	2%	16%	20%	10%	11%	0%	0%
Never	75	19%	8%	25%	13%	18%	0%	14%	0%

Q27m. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
Mischief to property

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	396		49	203	55	72	9	7	1
Daily	68	17%	45%	9%	4%	28%	44%	29%	0%
Weekly	86	22%	33%	18%	18%	25%	33%	29%	0%
Monthly	116	29%	10%	32%	47%	21%	22%	29%	100%
Yearly	56	14%	4%	16%	25%	10%	0%	0%	0%
Never	70	18%	8%	25%	5%	17%	0%	14%	0%

Q27n. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Theft from motor vehicle	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	394		50	201	55	71	9	7	1
Daily	65	16%	40%	9%	5%	24%	44%	43%	0%
Weekly	81	21%	24%	21%	16%	23%	22%	0%	0%
Monthly	116	29%	20%	29%	47%	24%	22%	43%	0%
Yearly	53	13%	8%	14%	22%	10%	0%	0%	100%
Never	79	20%	8%	27%	9%	20%	11%	14%	0%

Q27o. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Theft of motor vehicle	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	393		50	201	54	71	9	7	1
Daily	48	12%	28%	8%	2%	18%	11%	43%	0%
Weekly	65	17%	20%	16%	9%	23%	11%	0%	0%
Monthly	128	33%	30%	32%	44%	27%	44%	29%	0%
Yearly	66	17%	14%	15%	31%	10%	33%	14%	100%
Never	86	22%	8%	29%	13%	23%	0%	14%	0%

Q27p. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
Theft over or under \$5000 (non-MV)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	393		50	202	55	70	8	7	1
Daily	63	16%	46%	8%	7%	20%	38%	29%	0%
Weekly	81	21%	22%	20%	16%	24%	13%	29%	0%
Monthly	94	24%	18%	25%	33%	19%	25%	29%	0%
Yearly	63	16%	6%	16%	29%	13%	13%	0%	100%
Never	92	23%	8%	30%	15%	24%	13%	14%	0%

Q27q. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?
Break and enter commercial

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	396		50	203	55	72	8	7	1
Daily	44	11%	24%	8%	2%	17%	13%	29%	0%
Weekly	80	20%	32%	19%	13%	25%	13%	0%	0%
Monthly	116	29%	24%	29%	42%	24%	38%	43%	0%
Yearly	63	16%	10%	14%	35%	11%	25%	0%	0%
Never	93	23%	10%	31%	9%	24%	13%	29%	100%

Q27r. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Break and enter residential

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	393		50	202	54	71	8	7	1
Daily	41	10%	26%	7%	2%	13%	13%	29%	0%
Weekly	68	17%	32%	16%	9%	20%	13%	0%	0%
Monthly	109	28%	22%	30%	37%	18%	25%	43%	0%
Yearly	58	15%	8%	14%	20%	14%	50%	0%	0%
Never	117	30%	12%	33%	31%	35%	0%	29%	100%

Q27s. Prior to the SCS site(s) opening, when if ever did you respond to calls in these areas for the following reasons?

Other serious criminal code violations not listed (for example, weapons related offences)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	374		49	192	48	71	7	6	1
Daily	41	11%	37%	5%	2%	14%	14%	17%	0%
Weekly	80	21%	41%	16%	17%	25%	29%	17%	0%
Monthly	106	28%	10%	32%	35%	25%	29%	50%	0%
Yearly	71	19%	4%	19%	38%	15%	29%	0%	100%
Never	76	20%	8%	28%	8%	20%	0%	17%	0%

Q28a. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People in medical distress (i.e. overdose)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	392		51	199	55	78	2	7	0
Daily	165	42%	35%	40%	47%	47%	50%	43%	
Weekly	112	29%	41%	22%	33%	36%	0%	14%	
Monthly	59	15%	16%	15%	18%	12%	0%	29%	
Yearly	9	2%	2%	4%	0%	0%	0%	0%	
Never	47	12%	6%	19%	2%	5%	50%	14%	

Q28b. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People using drugs in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	392		51	199	55	78	2	7	0
Daily	264	67%	76%	57%	84%	76%	50%	71%	
Weekly	62	16%	16%	18%	11%	17%	0%	0%	
Monthly	20	5%	2%	7%	4%	3%	0%	14%	
Yearly	6	2%	2%	3%	0%	0%	0%	0%	
Never	40	10%	4%	16%	2%	5%	50%	14%	

Q28c. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Drug violations (possession, trafficking)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	386		51	198	55	73	2	7	0
Daily	219	57%	71%	45%	73%	64%	50%	71%	
Weekly	79	20%	18%	25%	18%	15%	0%	0%	
Monthly	31	8%	4%	10%	7%	7%	0%	14%	
Yearly	4	1%	2%	1%	0%	1%	0%	0%	
Never	53	14%	6%	19%	2%	12%	50%	14%	

Q28d. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People drinking alcohol in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	387		51	198	54	75	2	7	0
Daily	221	57%	80%	53%	50%	59%	50%	43%	
Weekly	77	20%	10%	20%	26%	23%	0%	14%	
Monthly	35	9%	2%	9%	13%	9%	0%	29%	
Yearly	7	2%	2%	1%	7%	0%	0%	0%	
Never	47	12%	6%	17%	4%	9%	50%	14%	

Q28e. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People urinating/defecating in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	384		51	197	54	73	2	7	0
Daily	192	50%	69%	47%	52%	48%	50%	14%	
Weekly	99	26%	14%	24%	41%	29%	0%	14%	
Monthly	36	9%	8%	10%	6%	7%	0%	57%	
Yearly	6	2%	4%	2%	0%	1%	0%	0%	
Never	51	13%	6%	17%	2%	15%	50%	14%	

Q28f. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People loitering or hanging around the area

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	387		50	198	55	75	2	7	0
Daily	273	71%	84%	62%	89%	73%	50%	57%	
Weekly	51	13%	8%	17%	9%	12%	0%	0%	
Monthly	12	3%	0%	5%	0%	1%	0%	29%	
Yearly	6	2%	2%	2%	0%	3%	0%	0%	
Never	45	12%	6%	16%	2%	11%	50%	14%	

Q28g. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People selling sex or having sex in public

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	384		51	198	54	72	2	7	0
Daily	87	23%	37%	23%	20%	15%	50%	0%	
Weekly	81	21%	24%	19%	33%	17%	0%	14%	
Monthly	101	26%	22%	24%	35%	26%	0%	57%	
Yearly	33	9%	8%	8%	7%	14%	0%	0%	
Never	82	21%	10%	26%	4%	28%	50%	29%	

Q28h. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Assault

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	389		50	197	55	78	2	7	0
Daily	148	38%	60%	28%	53%	40%	50%	14%	
Weekly	150	39%	32%	36%	36%	50%	0%	57%	
Monthly	32	8%	2%	10%	9%	6%	0%	14%	
Yearly	7	2%	4%	3%	0%	0%	0%	0%	
Never	52	13%	2%	23%	2%	4%	50%	14%	

Q28i. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Sexual assault

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	383		50	197	55	72	2	7	0
Daily	52	14%	24%	13%	9%	13%	50%	0%	
Weekly	94	25%	22%	25%	38%	17%	0%	0%	
Monthly	120	31%	36%	26%	27%	42%	0%	71%	
Yearly	49	13%	14%	8%	24%	17%	0%	14%	
Never	68	18%	4%	27%	2%	13%	50%	14%	

Q28j. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People sleeping on the sidewalk, in doorways, or other public places

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	386		50	197	55	75	2	7	0
Daily	265	69%	86%	61%	73%	77%	50%	43%	
Weekly	57	15%	6%	15%	22%	13%	0%	29%	
Monthly	19	5%	2%	6%	4%	4%	0%	14%	
Yearly	4	1%	2%	2%	0%	0%	0%	0%	
Never	41	11%	4%	16%	2%	5%	50%	14%	

Q28k. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People demonstrating erratic, aggressive or intimidating behaviour

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	388		50	198	55	76	2	7	0
Daily	267	69%	86%	58%	80%	79%	50%	71%	
Weekly	60	15%	4%	20%	16%	13%	0%	0%	
Monthly	18	5%	4%	6%	2%	3%	0%	14%	
Yearly	2	1%	2%	1%	0%	0%	0%	0%	
Never	41	11%	4%	16%	2%	5%	50%	14%	

Q28l. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? People trespassing

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	385		50	198	55	73	2	7	0
Daily	240	62%	78%	52%	82%	64%	50%	71%	
Weekly	62	16%	14%	18%	11%	18%	0%	0%	
Monthly	23	6%	0%	8%	5%	4%	0%	14%	
Yearly	4	1%	2%	2%	0%	0%	0%	0%	
Never	56	15%	6%	20%	2%	14%	50%	14%	

Q28m. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Mischief to property

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	384		50	196	55	74	2	7	0
Daily	188	49%	56%	39%	58%	64%	50%	43%	
Weekly	107	28%	30%	30%	33%	18%	0%	29%	
Monthly	30	8%	6%	9%	7%	7%	0%	14%	
Yearly	5	1%	2%	2%	0%	0%	0%	0%	
Never	54	14%	6%	20%	2%	12%	50%	14%	

Q28n. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Theft from motor vehicle

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	384		50	198	55	72	2	7	0
Daily	177	46%	44%	38%	73%	49%	50%	43%	
Weekly	97	25%	30%	26%	22%	24%	0%	14%	
Monthly	46	12%	18%	12%	4%	14%	0%	29%	
Yearly	4	1%	2%	2%	0%	0%	0%	0%	
Never	60	16%	6%	22%	2%	14%	50%	14%	

Q28o. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Theft of motor vehicle

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	382		50	197	55	71	2	7	0
Daily	115	30%	30%	25%	27%	44%	50%	43%	
Weekly	117	31%	24%	31%	45%	25%	0%	14%	
Monthly	68	18%	30%	15%	20%	14%	0%	29%	
Yearly	18	5%	8%	5%	5%	3%	0%	0%	
Never	64	17%	8%	24%	2%	14%	50%	14%	

Q28p. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Theft over or under \$5000 (non-MV)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	377		50	195	54	69	2	7	0
Daily	145	38%	48%	33%	43%	43%	50%	29%	
Weekly	102	27%	30%	26%	37%	23%	0%	14%	
Monthly	45	12%	10%	10%	13%	14%	0%	43%	
Yearly	16	4%	6%	4%	6%	3%	0%	0%	
Never	69	18%	6%	27%	2%	16%	50%	14%	

Q28q. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Break and enter commercial

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	379		50	195	54	71	2	7	0
Daily	104	27%	28%	30%	13%	31%	50%	29%	
Weekly	124	33%	34%	29%	48%	34%	0%	0%	
Monthly	72	19%	22%	14%	33%	17%	0%	43%	
Yearly	12	3%	10%	2%	4%	1%	0%	0%	
Never	67	18%	6%	25%	2%	17%	50%	29%	

Q28r. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Break and enter residential

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	375		50	194	53	69	2	7	0
Daily	99	26%	26%	27%	19%	29%	50%	29%	
Weekly	103	27%	36%	26%	28%	28%	0%	0%	
Monthly	74	20%	20%	19%	28%	14%	0%	43%	
Yearly	16	4%	8%	3%	9%	3%	0%	0%	
Never	83	22%	10%	25%	15%	26%	50%	29%	

Q28s. Following the SCS site(s) opening, when if ever did you respond to calls in this area for the following reasons? Other serious criminal code violations not listed (for example, weapons related offences)

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	358		49	188	45	67	2	7	0
Daily	108	30%	47%	28%	22%	31%	50%	14%	
Weekly	120	34%	35%	29%	60%	30%	0%	29%	
Monthly	60	17%	8%	16%	16%	24%	0%	43%	
Yearly	6	2%	4%	2%	0%	1%	0%	0%	
Never	64	18%	6%	26%	2%	13%	50%	14%	

Q29a. Thinking about the past three months only, please complete the following table: Crime rates in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	423		48	221	58	83	5	7	1
Decreased a lot	0	0%	0%	0%	0%	0%	0%	0%	0%
Decreased a little	8	2%	2%	1%	0%	4%	20%	0%	0%
Stayed about the same	112	26%	29%	25%	22%	31%	40%	14%	0%
Increased a little	150	35%	33%	39%	34%	28%	0%	71%	0%
Increased a lot	95	22%	13%	21%	36%	23%	40%	0%	100%
I don't know	58	14%	23%	14%	7%	14%	0%	14%	0%

Q29b. Thinking about the past three months only, please complete the following table: Crime rates in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	422		48	221	57	83	5	7	1
Decreased a lot	1	0%	0%	0%	0%	0%	20%	0%	0%
Decreased a little	2	0%	2%	0%	0%	0%	0%	0%	0%
Stayed about the same	56	13%	31%	9%	14%	14%	0%	29%	0%
Increased a little	108	26%	27%	25%	19%	29%	0%	57%	0%
Increased a lot	190	45%	15%	52%	58%	41%	20%	0%	100%
I don't know	65	15%	25%	14%	9%	16%	60%	14%	0%

Q29c. Thinking about the past three months only, please complete the following table: Crime rates in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	422		48	221	57	83	5	7	1
Decreased a lot	1	0%	0%	0%	0%	0%	20%	0%	0%
Decreased a little	2	0%	2%	0%	2%	0%	0%	0%	0%
Stayed about the same	59	14%	33%	10%	16%	13%	0%	29%	0%
Increased a little	132	31%	27%	33%	25%	33%	0%	57%	0%
Increased a lot	159	38%	13%	42%	49%	37%	20%	0%	100%
I don't know	69	16%	25%	15%	9%	17%	60%	14%	0%

Q30a. Thinking about the past year only, please complete the following table: Crime in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	423		48	221	58	83	5	7	1
Decreased a lot	1	0%	0%	0%	2%	0%	0%	0%	0%
Decreased a little	11	3%	2%	1%	2%	5%	20%	14%	0%
Stayed about the same	80	19%	23%	19%	10%	23%	40%	14%	0%
Increased a little	154	36%	42%	40%	29%	30%	20%	29%	0%
Increased a lot	129	30%	10%	28%	52%	34%	20%	29%	100%
I don't know	48	11%	23%	12%	5%	8%	0%	14%	0%

Q30b. Thinking about the past year only, please complete the following table: Crime in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	422		48	221	57	83	5	7	1
Decreased a lot	2	0%	0%	0%	2%	0%	20%	0%	0%
Decreased a little	3	1%	2%	0%	0%	1%	0%	14%	0%
Stayed about the same	28	7%	21%	4%	2%	7%	0%	29%	0%
Increased a little	72	17%	31%	15%	5%	24%	0%	14%	0%
Increased a lot	265	63%	21%	70%	86%	57%	20%	29%	100%
I don't know	52	12%	25%	11%	5%	11%	60%	14%	0%

Q30c. Thinking about the past year only, please complete the following table: Crime in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	422		48	221	57	83	5	7	1
Decreased a lot	2	0%	0%	0%	2%	0%	20%	0%	0%
Decreased a little	4	1%	2%	0%	0%	1%	0%	14%	0%
Stayed about the same	29	7%	23%	4%	4%	6%	0%	29%	0%
Increased a little	103	24%	33%	24%	18%	28%	0%	29%	0%
Increased a lot	228	54%	17%	60%	72%	53%	20%	14%	100%
I don't know	56	13%	25%	12%	5%	12%	60%	14%	0%

Q31a. Thinking about the past three months only, please complete the following table:

Violent crime in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	417		48	217	57	82	5	7	1
Decreased a lot	1	0%	2%	0%	0%	0%	0%	0%	0%
Decreased a little	8	2%	2%	0%	5%	1%	20%	14%	0%
Stayed about the same	131	31%	35%	28%	28%	40%	40%	29%	0%
Increased a little	141	34%	33%	36%	33%	28%	20%	29%	100%
Increased a lot	85	20%	6%	24%	26%	17%	0%	14%	0%
I don't know	51	12%	21%	11%	7%	13%	20%	14%	0%

Q31c. Thinking about the past three months only, please complete the following table: Violent crime in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	416		48	216	56	83	5	7	1
Decreased a lot	1	0%	2%	0%	0%	0%	0%	0%	0%
Decreased a little	2	0%	0%	0%	0%	0%	20%	14%	0%
Stayed about the same	79	19%	27%	17%	20%	20%	0%	29%	0%
Increased a little	122	29%	40%	29%	25%	27%	20%	43%	100%
Increased a lot	139	33%	8%	36%	48%	36%	0%	0%	0%
I don't know	73	18%	23%	19%	7%	17%	60%	14%	0%

Q31d. Thinking about the past three months only, please complete the following table: Violent crime in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	417		48	217	56	83	5	7	1
Decreased a lot	0	0%	0%	0%	0%	0%	0%	0%	0%
Decreased a little	4	1%	2%	0%	2%	0%	20%	14%	0%
Stayed about the same	84	20%	31%	17%	20%	24%	0%	29%	0%
Increased a little	141	34%	38%	32%	36%	34%	20%	43%	100%
Increased a lot	108	26%	6%	30%	36%	24%	0%	0%	0%
I don't know	80	19%	23%	21%	7%	18%	60%	14%	0%

Q32a. Thinking about the past year only, please complete the following table: Violent crime in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	418		48	217	57	83	5	7	1
Decreased a lot	1	0%	2%	0%	0%	0%	0%	0%	0%
Decreased a little	8	2%	4%	0%	4%	1%	20%	14%	0%
Stayed about the same	105	25%	29%	23%	19%	33%	40%	29%	0%
Increased a little	149	36%	33%	39%	32%	34%	20%	29%	0%
Increased a lot	105	25%	10%	27%	37%	22%	0%	14%	100%
I don't know	50	12%	21%	11%	9%	11%	20%	14%	0%

Q32c. Thinking about the past year only, please complete the following table:

Violent crime in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	417		48	217	56	83	5	7	1
Decreased a lot	1	0%	2%	0%	0%	0%	0%	0%	0%
Decreased a little	2	0%	0%	0%	0%	0%	20%	14%	0%
Stayed about the same	46	11%	23%	7%	7%	16%	0%	29%	0%
Increased a little	114	27%	38%	27%	18%	29%	20%	29%	0%
Increased a lot	185	44%	15%	47%	64%	45%	0%	14%	100%
I don't know	69	17%	23%	18%	11%	11%	60%	14%	0%

Q32c. Thinking about the past year only, please complete the following table:

Violent crime in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	414		48	215	56	82	5	7	1
Decreased a lot	0	0%	0%	0%	0%	0%	0%	0%	0%
Decreased a little	3	1%	2%	0%	0%	0%	20%	14%	0%
Stayed about the same	56	14%	27%	9%	13%	17%	0%	29%	0%
Increased a little	133	32%	35%	32%	25%	38%	20%	29%	0%
Increased a lot	148	36%	13%	39%	52%	33%	0%	14%	100%
I don't know	74	18%	23%	20%	11%	12%	60%	14%	0%

Q33a. Thinking about the past three months only, please complete the following table:

Overdose calls in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	412		47	213	57	82	5	7	1
Decreased a lot	3	1%	4%	0%	0%	0%	0%	0%	0%
Decreased a little	24	6%	6%	4%	4%	7%	40%	29%	0%
Stayed about the same	123	30%	30%	23%	37%	41%	60%	14%	0%
Increased a little	104	25%	15%	31%	28%	15%	0%	43%	100%
Increased a lot	96	23%	26%	25%	19%	23%	0%	0%	0%
I don't know	62	15%	19%	16%	12%	13%	0%	14%	0%

Q33b. Thinking about the past three months only, please complete the following table: Overdose calls in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	409		47	212	55	82	5	7	1
Decreased a lot	7	2%	4%	1%	0%	1%	20%	0%	0%
Decreased a little	18	4%	9%	1%	2%	11%	0%	14%	0%
Stayed about the same	85	21%	21%	19%	27%	22%	0%	29%	0%
Increased a little	104	25%	26%	25%	27%	24%	0%	43%	100%
Increased a lot	109	27%	17%	31%	25%	26%	20%	0%	0%
I don't know	86	21%	23%	23%	18%	16%	60%	14%	0%

Q33c. Thinking about the past three months only, please complete the following table: Overdose calls in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	408		47	210	56	82	5	7	1
Decreased a lot	6	1%	4%	1%	0%	0%	20%	0%	0%
Decreased a little	15	4%	6%	1%	4%	9%	0%	14%	0%
Stayed about the same	94	23%	26%	20%	29%	27%	0%	29%	0%
Increased a little	105	26%	23%	26%	27%	24%	0%	43%	100%
Increased a lot	102	25%	17%	28%	23%	26%	20%	0%	0%
I don't know	86	21%	23%	23%	18%	15%	60%	14%	0%

Q34a. Thinking about the past year only, please complete the following table: Overdose calls in city overall

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	411		47	213	57	81	5	7	1
Decreased a lot	4	1%	4%	1%	0%	0%	0%	0%	0%
Decreased a little	27	7%	6%	3%	7%	10%	60%	29%	0%
Stayed about the same	83	20%	19%	17%	14%	32%	40%	14%	0%
Increased a little	98	24%	28%	25%	25%	21%	0%	14%	0%
Increased a lot	138	34%	21%	38%	40%	26%	0%	29%	100%
I don't know	61	15%	21%	15%	14%	11%	0%	14%	0%

Q34c. Thinking about the past year only, please complete the following table:

Overdose calls in neighbourhoods where SCS exist

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	410		47	212	56	82	5	7	1
Decreased a lot	5	1%	4%	1%	0%	1%	0%	0%	0%
Decreased a little	17	4%	9%	1%	4%	7%	20%	14%	0%
Stayed about the same	60	15%	19%	11%	13%	23%	0%	29%	0%
Increased a little	83	20%	26%	18%	21%	23%	0%	14%	0%
Increased a lot	165	40%	21%	46%	46%	33%	20%	29%	100%
I don't know	80	20%	21%	22%	16%	12%	60%	14%	0%

Q34d. Thinking about the past year only, please complete the following table:

Overdose calls in neighborhoods adjacent to SCS

	Total		Edmonton	Calgary	Lethbridge	Red Deer	Medicine Hat	Grande Prairie	Another town or city in Alberta
Base: Total answering	408		47	211	55	82	5	7	1
Decreased a lot	4	1%	4%	1%	0%	0%	0%	0%	0%
Decreased a little	19	5%	6%	2%	5%	9%	20%	14%	0%
Stayed about the same	60	15%	23%	9%	13%	24%	0%	29%	0%
Increased a little	92	23%	26%	23%	22%	23%	0%	14%	0%
Increased a lot	154	38%	17%	43%	45%	33%	20%	29%	100%
I don't know	79	19%	23%	22%	15%	11%	60%	14%	0%

Alberta