



# Report to Mayor and City Council

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## ARCHES Report to Mayor & City Council

### **ARCHES**

ARCHES is a not-for-profit organization that provides leadership in building individual and community capacity to respond and reduce the harm associated with HIV and Hepatitis C in Southwestern Alberta.

ARCHES was initially formed in 1986 when concerned citizens came together to discuss the HIV/AIDS epidemic. ARCHES has grown and adapted over time to meet the needs of the most vulnerable in our community. We continue to be on the front-line in responding to public health epidemics throughout Southwestern Alberta.

ARCHES offers 17 programs. These include:

- HIV and/or Hepatitis C health and social support client services, known as the SHAPES Program
- Queer Health
- Indigenous Recovery Coaching
- Virtual Opioid Dependency Program
- Hip Hop for Healing
- I'taamohkanoohsin Cultural Programming
- Housing First Clinical Supports
- Housing First Intensive Case Management
- Supervised Consumption Services
- Community Based Take Home Naloxone Program
- Addictions Counselling
- Nurse Managed Primary Health Care Clinic (Urban Spirits Nursing Clinic)
- Justice Services including the Lethbridge Integrated Services Court
- Community Outreach Addictions Program (COAP)
- Outreach and Education
- Syringe Management Program
- Meaningful Daily Activity

### **Supervised Consumption Services**

On February 28<sup>th</sup> 2018, ARCHES received federal exemption from Health Canada, Office of the Controlled Substances, to operate a Supervised Consumption Services (SCS) facility in Lethbridge. This exemption was received in response to the growing opioid crisis in Canada, claiming a total of 2,138 lives in Alberta since January 1<sup>st</sup>, 2016.

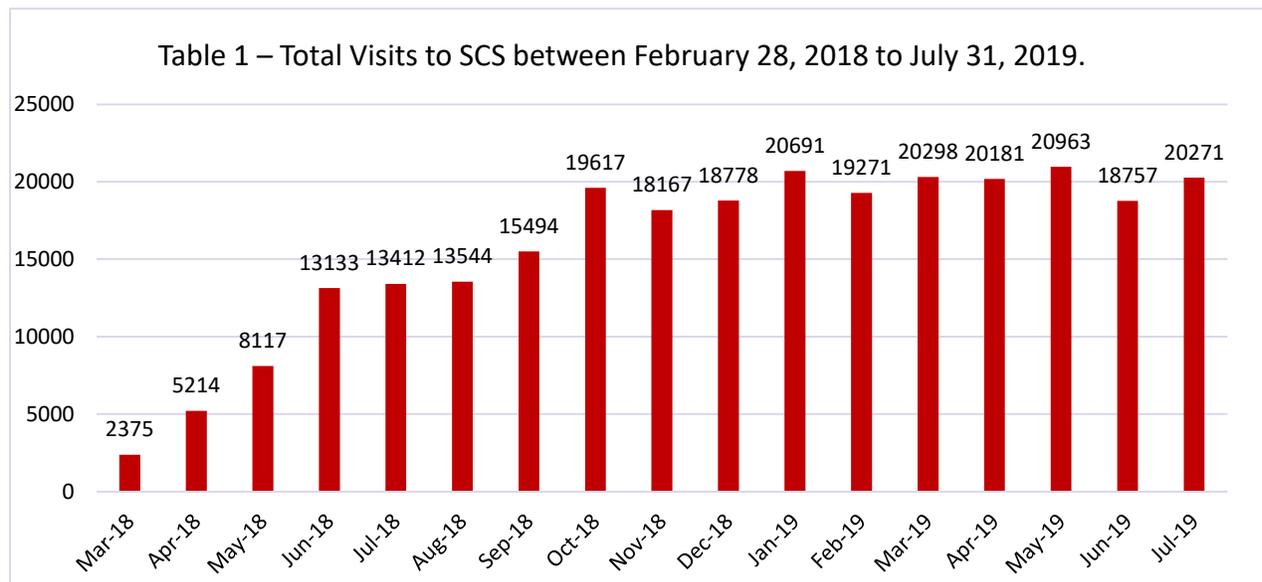
SCS provide a hygienic environment for people to consume pre-obtained drugs under medical supervision. ARCHES SCS is the first, and remains the only, in North America to offer four modes of consumption, which include: inhalation, injection, intranasal (snorting) and ingestion (swallowing). There are 13 injection booths and 2 inhalation rooms in our medically supervised drug consumption room. SCS has four teams consisting of Registered Nurses, Licensed Practical

Nurses, Primary Care Paramedics, Addiction Counsellors, Harm Reduction Specialists and Peer Support Workers. Together they function as a multi-disciplinary team, each within their own scope of practice and working together towards program objectives.

There is a substantial body of evidence identifying that SCS facilities reduce the risk of HIV/HCV transmission, increase access to health and social services including treatment, and reduce public drug consumption and related debris. ARCHES has operated the SCS in line with the objectives identified in the evidence. The following section outlines the efforts that ARCHES has made to meet these objectives in the last year and a half of operation.

### ARCHES SCS Service Uptake

Since ARCHES SCS opened on February 28, 2018, up to July 31, 2019, there have been a total of 267,754 visits. Table 1 demonstrates the number of visits to SCS each month from opening until July 31, 2019.



Since opening the facility, there has been a high uptake to service with approximately 1,376 community members having accessed SCS and an average of 663 visits to SCS a day.

The majority of community members who access SCS have reported to staff a long history of substance use, which suggest that these consumptions were occurring in the community prior to the opening of the SCS. Public drug consumption has decreased drastically as so many individuals prefer to consume drugs in a supervised environment rather than in unsafe spaces. Many of the mental health and behavioral issues that presented themselves on the street now occur inside our facility where they can be managed appropriately by trained staff. These outcomes benefit the community by increasing community safety and benefit participants by increasing access to support and health services.

### Medical Emergencies

SCS reduce opioid related deaths, save lives and reduce the number of calls that emergency services must attend. Since the opening of the SCS facility until July 31, 2019 there have been 2,531 total medical emergencies that ARCHES staff have responded to. Of the total medical emergencies:

- EMS was called 398 times (15.7% of the time)
- Oxygen was administered 2,369 times
- Naloxone was administered 984 times

405 unique individuals have received life-saving interventions while experiencing a medical emergency in the SCS facility. There have been no fatalities at the SCS in Lethbridge (or at any SCS facility internationally).

### **Health and Social Services**

SCS increase uptake and access to health and social services, including treatment and detox. The SCS facility is designed to be an entry-point into health and social services for marginalized populations who are less likely to access mainstream services.

From February 28, 2018 to July 31, 2019, 9,363 total referrals have been provided to external agencies and services through SCS.

Example of Referrals from February 28, 2018 to July 31, 2019:

- 588 referrals to treatment
- 329 referrals to detox
- 178 referrals to housing
- 1,330 referrals to health care services (medical specialists, general practitioners, prenatal supports, community paramedics and nursing care)
- 220 referrals to mental health services
- 703 referrals to addictions counselling
- 127 referrals to recovery coach program

From February 28, 2018 to July 31, 2019, 96,045 services have been provided to SCS participants.

Example of Services Provided at SCS from February 28, 2018 to July 31, 2019:

- 4,718 addictions counselling efforts. These include addictions counselling sessions, crisis intervention and safety planning, mental health counselling, relapse prevention planning, support/advocacy as well as treatment application facilitation.
- 5,847 nursing efforts. These include sexually transmitted and blood borne infection work ups, assessment, medication reviews, pregnancy care, wound care, foot care, etc.

- 2,103 cultural services, which include facilitating connection to elders, informal counselling, Hip Hop for Healing and access to cultural activities (beading, smudging, etc).
- Between January 1 and July 31, 2019 there have 441 Virtual Opioid Dependency Program efforts. This is onsite Suboxone and Methadone initiation and supports.

### **Health Impacts**

Prior to SCS opening, ARCHES completed a user needs-assessment survey in which 46% of people surveyed witnessed people sharing syringes or other equipment. SCS reduce the transmission of blood borne infections, such as HIV and Hepatitis C. The uses that occur inside the SCS facility require new equipment to be utilized with each consumption and all equipment used must be disposed of prior to leaving the facility. In addition, accessing SCS increase participants' connections to social and health services allowing more access to testing, treatment and education on the prevention and transmission of blood borne infections.

### **Needle Distribution**

ARCHES operates within the World Health Organization's best practice for reducing the risk of blood-borne disease transmission by providing a needle distribution program. 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%. This data supports the notion that there is less drug debris in community, since the opening of the SCS, thus reducing the amount of publicly discarded drug debris in community.

### **Secondary Outcomes**

Shortly after the SCS facility opening, ARCHES recognized that as with many public health initiatives, there are secondary outcomes produced through population-level health measures, unintended to original purposes. ARCHES recognized an increase in the population density within the neighborhood around the SCS. In order to address issues related to service provisions we:

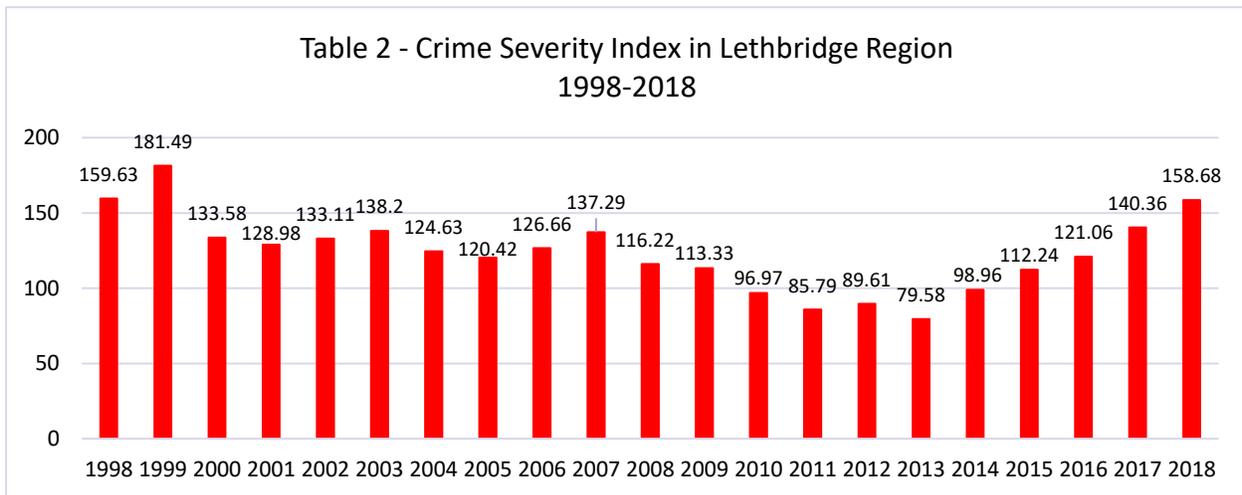
- Host monthly Neighbourhood Business Engagement Meetings. These meetings are a place where businesses and stakeholders discuss concerns, ask questions and gain insight into SCS and ARCHES.
- Provide 24-hour security through a contract with Paladin Security to support ARCHES and every business within a 60-meter radius of SCS.
- Established COAP services to the 250-meter radius around the site. COAP provides outreach services around the SCS to liaise between people affected by homelessness, people accessing ARCHES programs and services, staff and business owners. COAP delivers assessment, diversion and/or intervention support services where there are homeless individuals who are not connected to existing health and/or social services. They also provide support to businesses and community members who are being impacted by activities related to homelessness and substance use.

- Provide neighbourhood clean-up services through a contract with the Downtown BRZ Clean Sweep Program for a 250-meter radius around SCS. This service is offered early in the mornings, Monday through Friday.
- Provide needle pick up services for the entire City of Lethbridge through regular sweeps, needle drop box management, the needle hotline and hot spot monitoring.
- Established city-wide Encampment Services where staff work with individuals who identify as sleeping rough to connect with health and social services so that their encampment can be dismantled.

### Crime Severity Index

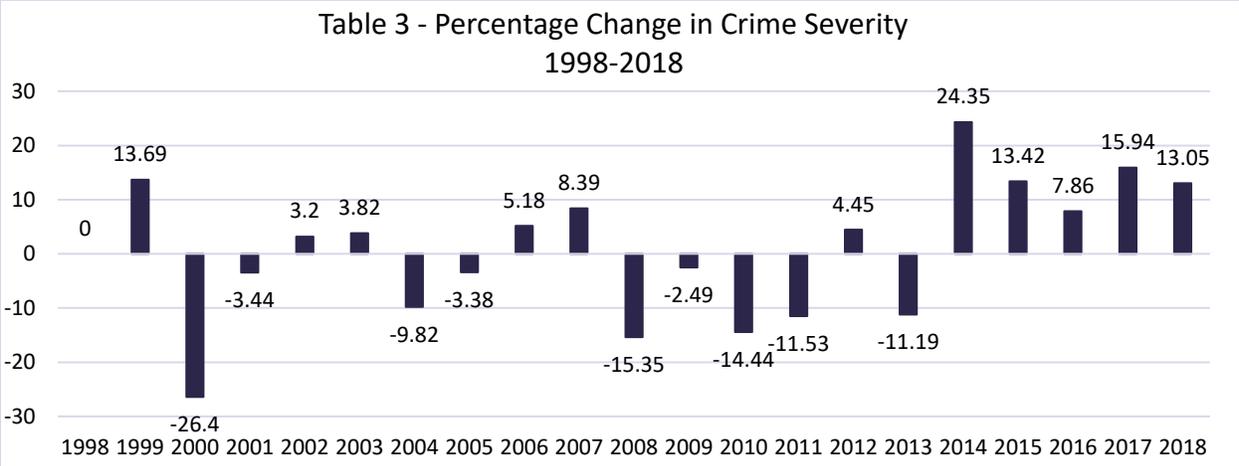
The Crime Severity Index (CSI) refers to a measure of police-reported crime that reflects the relative seriousness of individual offences and tracks changes in crime severity. The Lethbridge Region’s CSI is available for the years 1998-2018, which is demonstrated in Table 2. It is important to note that Lethbridge appears to be the only comparable city in Alberta that has been listed as a “Region”, with all comparable cities only being listed under their name.

The overall trend in CSI in the 20-year period in the Lethbridge Region shows the CSI at an all-time high in 1999, with a CSI of 181.49 which then had more or less steady declines to a low of 79.58 in 2013. In 2014, Lethbridge experienced an exceptional increase in CSI, growing 24% to 98.96. This increase coincided with the oil crash/recession, as well as the beginning of the opioid crisis in Alberta. Following the 2014 spike in crime, Lethbridge has continued to

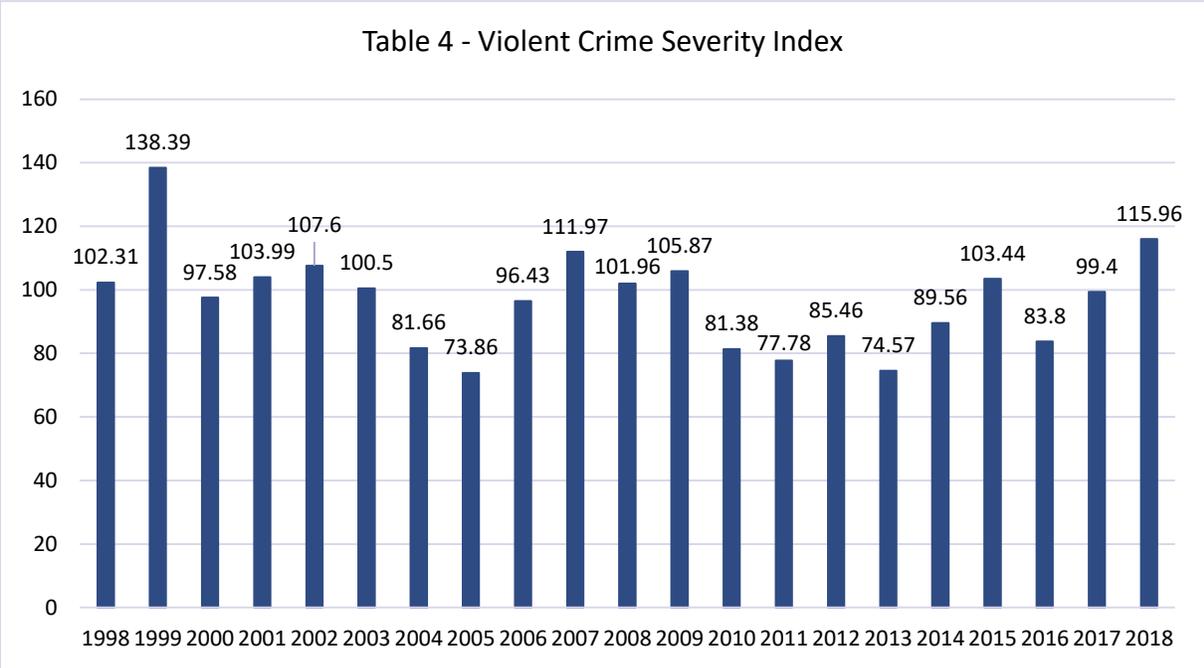


experience increases every year since. The CSI has increased a total of 76% in a five-year period (between 2013 and 2017), which was before the SCS opened. The percentage change in the CSI in the Lethbridge Region is demonstrated in Table 3.

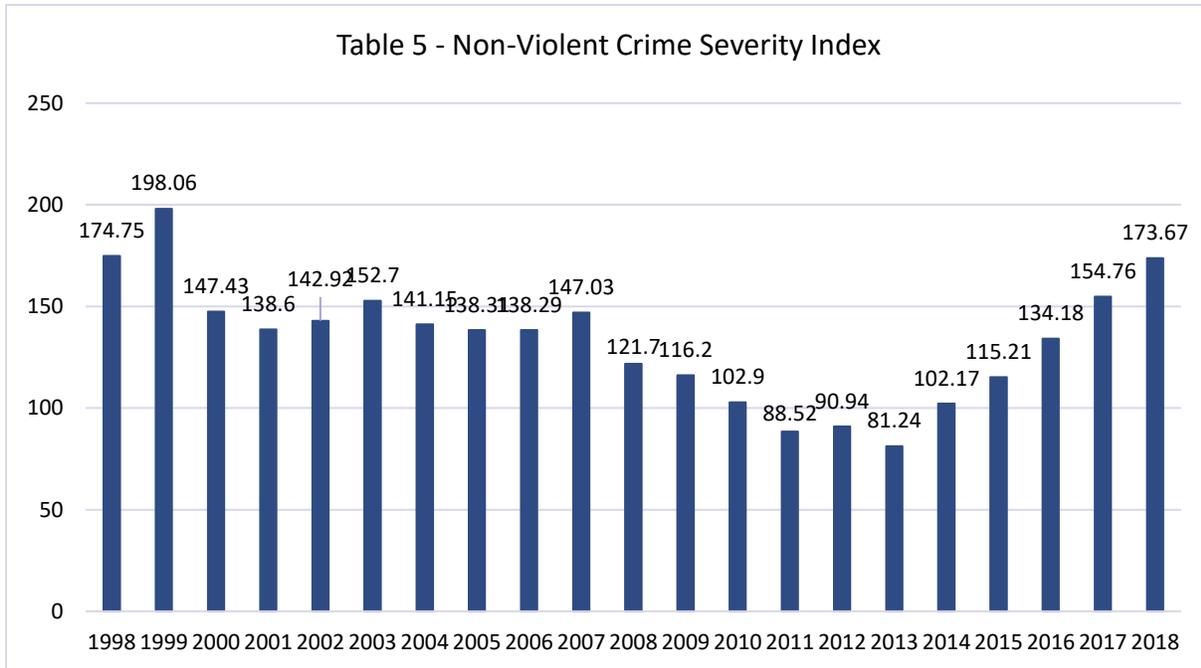
Supervised Consumption Services do not increase crime or crime rates. In 2018, the first year the SCS was operational, Lethbridge experienced a 13.05% increase in crime. This increase is below the 14.9% average growth rate that Lethbridge has experienced since 2014. It is also below the 15.94% increase which occurred between 2016 and 2017.



The Violent Crime Index (Table 4) for Lethbridge follows broadly similar trends in rise and falls, showing the same high of 138.39 in 1999, decline until the 2014 spike. Importantly, as most crime in Lethbridge is non-violent, even one or two murders has the potential to swing the violent crime portion of the index wildly; 11 of the past 20 years have shown swings in 10% or more higher or lower than the previous year. The 2018 Violent Crime Index CSI is 13% higher than the 20-year average of 102.58, and is 16% lower than the 1999 high of 138.39.



Non-violent crime has shown the same trend as the overall and violent index, albeit at a higher state, reflecting Lethbridge's longstanding issues with poverty, trauma, and drug/alcohol addiction. The 20-year high was 198.06 in 1999 and 20-year low in 2013 at 81.24. The largest increase can again be seen at the beginning of the recession/overdose crisis with a 25.8% increase between 2013 and 2014. Non-violent crime showed a 90.5% increase from 2013-2017. The increase in 2018, at 12.22%, is again lower than the average increase of 17.6% per year since 2014.



**Conclusion**

Harm Reduction is one of the four pillars of the nationally recognized drug strategy. The other three pillars are Prevention, Treatment and Enforcement. ARCHES is a harm reduction organization; it is not the responsibility of ARCHES nor is it feasible for ARCHES to provide all four pillars we do we recognize the importance of the other pillars and have implemented prevention education programming, the Virtual Opioid Dependency Program and the Indigenous Recovery Coaching Program.

We recognize that it is difficult for the community to understand that the burden of the opioid/drug crisis cannot and should not rest solely on the shoulders of one organization However through partnership and collaboration, we can address this crisis more effectively. We will continue to advocate alongside many others in our community for further investment in the other pillars in order to increase supports for Lethbridge and the surrounding area.

Although Lethbridge does have some services operating within the other pillars, the need continues to outweigh the available resources. In addition, the available services have limitations that prevent people from accessing services. For example, the medical detox center

that opened last year, only has 8 beds, and operates at approximately 41% capacity and only has one bed for Suboxone initiation. In terms of local bed-based treatment, South Country Treatment Centre does offer abstinence based treatment options but does not permit people to be on Methadone or Suboxone. Due to some of the barriers associated with available treatment options the treatment center is also operating well below capacity, and with only approximately 21% of attendees being from Lethbridge. As the evidence shows, best-practice for opioid use-disorder is substitution therapy. As with other chronic medical illnesses, Opioid Use Disorder, once developed, requires ongoing monitoring and treatment. Therapy alone, and abstinence based models rather than medication-assisted treatment previously dominated opioid treatment and despite detoxification combined with psycho-social treatment, relapse rates are made at 90% or higher without opioid replacement therapy.

In 2018 in Alberta, an average of 2 people died every day from an accidental opioid related poisoning. We need access to appropriate treatment and support services for people who use drugs including:

- Bed-based treatment centers that allow Methadone and Suboxone dosing and low barrier Opioid Agonist Therapy including injectable Opioid Agonist Therapy.
- Permanent supportive housing.
- Access to a safe supply.
- Withdrawal management/intox/medically-managed detox with Suboxone and Methadone initiations (as people need to have so many days without illicit substance use prior to being able to enter into treatment).
- Transitional housing.

ARCHES will continue to advocate for accessible and appropriate support services for the community of Lethbridge.

We recognize that there is no easy answer to any complex public health crisis but to lose the very few effective services that we have in place would be disastrous. Despite prevalent opposition and misinformation, ARCHES is working to provide public health and safety benefits to the community and to people who use drugs.

## References

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