



July 26, 2021

Office of the Associate Minister of Mental Health and Addictions  
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Edmonton, AB T5K 2B6  
Via email: [associateminister-mha@gov.ab.ca](mailto:associateminister-mha@gov.ab.ca)

Dear Honorable Associate Minister Ellis,

First, congratulations on your recent appointment as our new Associate Minister of Mental Health and Addictions. We are looking forward to working with you in your new role.

The Alberta Medical Association's Section of Addiction Medicine is comprised of physicians who work with individuals with substance use disorders. We are grateful for the money that has been invested in addiction recovery services and we are encouraged by the government's move to create further Supervised Consumption Sites (SCS) by placing them in shelters and communities of extreme need with high rates of overdose. In your previous role as a police officer and leader, you have worked closely with many of us and with other key stakeholders who work with people who use substances. We ask that in your new role you continue your good work by hearing the voices of people who use drugs and access SCS, as well as local business owners who support harm reduction, families mourning the loss of loved ones and medical and public health experts.

We are writing today to provide feedback on two specific issues. As physicians and clinicians, we are concerned with proposed changes to Supervised Consumption Services in Alberta, particularly the implementation of new SCS regulations, as well as the closure of the Sheldon Chumir Safeworks SCS. As medical experts, we feel the proposed changes could result in harm to people who use substances and negatively impact our communities.

As you are aware, SCS are essential health services. The proposed changes to current Supervised Consumption Services in Alberta, including the closure of the [Sheldon Chumir Safeworks SCS](#), could harm people who use substances in this province. The new regulations introduced in the [Recovery-oriented Overdose Prevention Services Guide](#) also create unnecessary barriers to access SCS that we feel will place clients at increased risk of harm or death.

As the Government of Alberta is aware, individuals, families and communities in our province have experienced unprecedented loss of life due to opioid poisonings. During the first quarter of 2021 alone, 488 people – or an average of over 4 people per day – died from opioid poisonings due to an increasingly toxic and unpredictable supply of non-prescribed opioids. Beyond this profound loss of life, the opioid poisoning crisis has led to other significant health-related harms, as reflected in increased rates of acute care utilization and EMS responses.

People who use substances have frequently experienced discrimination and harm when accessing health care services. As a result, trust and relationship-building are foundational to the success of these sites. Trust is also necessary when assisting people in accessing recovery-focused treatment. We are concerned that requiring clients to provide/obtain their Personal Health Number (PHN) or other identification – even if clients are not refused access to the site while they are in the process of obtaining/renewing their PHN – will deter many from accessing the sites. Research has demonstrated that only 36-49% of people who inject drugs are willing to access SCS if they must show ID. To prevent overdose and engage with clients, barriers to accessing SCS must be as minimal as possible.

Additionally, we are concerned that the new standards may create barriers for existing SCS and Overdose Prevention Sites to maintain operations. Many agencies we work for and belong to feel that increased standards would be helpful, but have expressed concerns that adhering to the new recommendations would be difficult without additional financial support and guidance. Existing sites are concerned these standards will set them up for failure and potential closure. We understand the need for standards but are concerned about unintended consequences resulting from these changes.

As you're aware, these types of preventable deaths are disproportionately impacting First Nations people, as outlined in the recent [Alberta opioid response surveillance report: First Nations People in Alberta](#). While First Nations individuals make up 6% of the population in Alberta, they represent 22% of the reported opioid poisoning deaths from January 1 to June 30, 2020. The rate of poisoning deaths is over seven-times higher for First Nations people than for non-First Nations people in this province, with most deaths occurring in the South and Calgary Zones. The Truth and Reconciliation Commission Calls to Action call upon our government to acknowledge that these marked discrepancies are a direct result of Canadian government policies, including residential schools and their legacy.

The AMA, clinicians and medical experts believe that the response to this crisis must be multifaceted, flexible and patient-centred. While recovery-oriented treatment services are appropriate for some, there are many individuals who will not benefit from these interventions and, as such, will additionally require a harm reduction approach. For example, some individuals are occasional users, who may not fit the classic DSM-5 criteria of a Substance Use Disorder, but would benefit from a harm reduction approach. As medical professionals and addiction medicine experts, we recognize the incredible value and necessity of services like SCS as part of a recovery continuum of care. We recognize the robust data supporting the benefits of SCS, including significant reductions in overdose mortality, reduced rates of blood-borne infection and improved connection with treatment and supports. SCS have also been shown to reduce needle debris and public substance use. Furthermore, local research demonstrates that SCS save the province millions of dollars per year by reducing services delivered through EMS and emergency rooms.

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We strongly feel that the pending closure of Safeworks' SCS will have negative consequences for people who use substances. While many who use the site do experience homelessness, there are others who have housing and will likely not access SCS in shelters and may not have access to cell phones or other forms of remote overdose monitoring. We are concerned that closure of an established and trusted SCS will result in increased overdoses, deaths and public drug use. Even with the new sites, a gap in services will exist with no guarantee that clients of Safeworks will be able to, or feel comfortable accessing new sites. During this time of unprecedented loss of life, the Government of Alberta should continue to expand sites as planned, however, we feel this should occur while maintaining established SCS already in operation.

We ask you to reconsider the aforementioned pending changes and decisions and we would be more than happy to work with you and provide further guidance and support so that we can better the lives of all Albertans.

We see great opportunity in your new appointment as Associate Minister and we look forward to the positive changes you will bring to the way our province addresses addiction and mental health.

Sincerely,

Dr. Monty Ghosh

Dr. Kate Colizza

Additional Signees

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cc: Minister of Health, Tyler Shandro  
Deputy Minister of Health, Paul Wynnyk  
Dr. Paul Boucher, AMA President  
Mr. Michael Gormley, AMA Executive Director