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# Opinion: I used to believe safe drug sites were bad, but I was wrong

Calgary Herald

Published Jan 25, 2020 • Last updated Jan 27, 2020 • 5 minute read

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The safe consumption site at the Sheldon M. Chumir Centre in downtown Calgary saves lives, says columnist. We need more of them. PHOTO BY DARREN MAKOWICHUK/POSTMEDIA

I used to agree with premiers Jason Kenney and Doug Ford that supervised consumption sites are a horrible idea. But a few years ago, I started noticing people were dying. The number grew to hundreds, then thousands, making the opioid crisis the worst public health epidemic in a generation. Someone dies every two hours from an illicit drug overdose in Canada. Life expectancy has even dropped because of it.

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As someone who was once Prime Minister Stephen Harper's top criminal justice adviser, I felt a moral and ethical obligation to do something about it. I prayed about it. I interviewed the experts. I read the evidence.

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What I concluded after all of this research and soul searching is that my views about drug policy were a deadly cocktail of ignorance<sup>1</sup> and ideology that costs people their lives and devastates communities. I realized that it isn't illicit drugs that are killing people, it's our lack of compassion.

While there's no single causative factor, many people use illicit drugs to self-medicate the deep pain and suffering in their lives — physical, emotional and psychological. It says a lot that drugs like fentanyl, which has driven Canada's opioid crisis, were developed to alleviate severe pain in palliative care patients.

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Childhood trauma dramatically increases the likelihood of someone using illicit drugs and becoming addicted to them. Genetics, concurrent mental disorders and intergenerational trauma play a role too. Ultimately, people with substance use disorders are unable to "just stop," despite the risks to their health, lives and threat of criminal sanctions.

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~~Vancouver in 2017, one person died from an illicit drug overdose in the city, while 10 survived overdoses at these sites, which have multiplied.~~

In Alberta, between January 2018 and September 2019, seven community-based supervised consumption sites have seen 307,793 visits with 4,587 overdoses — all of which have been reversed without a single death.

Due to the stigma of illicit drug use and its criminalization, most people who are dying of illicit drug overdoses die alone. By denying them a safe place to use the drugs they're addicted to, they are forced to play Russian roulette with a toxic street drug supply. That's unconscionable.

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Curtailing supervised consumption sites is a death penalty for people who rely on these services. And if saving lives isn't enough of a reason to maintain and expand them, there's more.

Supervised consumption sites are dramatically more cost effective than relying on professional emergency first responders to deal with overdoses. By providing clean supplies, they also prevent the transmission of communicable diseases like HIV/AIDs and Hepatitis C, further lowering health-care costs.

They also provide an on-ramp for treatment and recovery. People who went to Insite were 1.7 times more likely to enter treatment. People need to be alive to enter treatment.

There is no evidence that supervised consumption sites enable or promote drug use whatsoever. Studies found the average Insite client had been using drugs for 16 years. Out of 1,065 people in that study, only one person performed their first injection at Insite.

Studies have found declines in public drug use, unsafe disposal of syringes and crime in the vicinity of supervised consumption sites. Supervised consumption sites take drug consumption indoors, under supervision. The answer to concerns about localized impact isn't fewer, but more supervised consumption sites with extended hours. Community engagement and supportive political leaders would go a long way in addressing fears and concerns.

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In over two decades working in politics, government and law, I have never seen a stronger case to support a public policy intervention than there is for supervised consumption sites. They are life-saving health services during a public health emergency. But I fear that no amount of research and data can overcome prejudice against people who use drugs and politicians who traffic in demonizing them. So where does that leave us?

One of the conversations we desperately need to have if this is to change is how people of faith should respond to the overdose crisis. A study by the World Health Organization found that people who use drugs are subject to the highest level of social disapproval or stigma of any other group in society — worse even than people with leprosy. It gave me pause when I read that. The same Jesus who I follow had a heart of compassion for all people. While others would shout “Unclean!” and drive lepers out of town, Jesus cared. He laid his hands on them and healed them.

People who use drugs are treated as lepers by our society. If Jesus Christ walked the earth today, I believe he would spend much of his time, as he did two millennia ago, in two places. First, he would be found in “deteriorating” communities, showing his compassion and love to the outcasts of our society. Jesus said: “By this everyone will know that you are my disciples, if you love one another” and “whatever you did for one of the least of these brothers and sisters of mine, you did for me.” He came to save, not to condemn. He offers compassion, hope and freedom.

The second place you’d find Jesus today would be denouncing the hypocrisy of modern “Pharisees,” the self-righteous who cling to religious observance, but whose actions are unmerciful and lead to death. It’s a message that’s hit home for me. There is hope for people trapped in the chains of addiction. But without a chance to live another day, they will never find it.

*Benjamin Perrin is a law professor at the University of British Columbia and author of the upcoming book Overdose: Heartbreak and Hope in Canada’s Opioid Crisis (Viking Canada). [www.overdosebook.ca](http://www.overdosebook.ca)*



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