JUDGES' COMMENTS

The author has, with great sensitivity, shown us a serious social problem and the ways in which people are trying to cope. A well crafted and well written feature.

REDUCING THE HARM

Inside Lethbridge's supervised drug consumption site

By CHRISTINA FRANGOU *Photos by* JAIME VEDRES

IT'S A LITTLE AFTER 10 O'CLOCK IN THE morning and Taylor feels like she's climbing the walls.

When her name is called and the door to Lethbridge's supervised drug consumption site buzzes open, Taylor moves quickly on her crutches. She settles into a chair at the second booth from the end and rests her pink sequined backpack on the stainless steel counter. The petite 21-year-old works swiftly, loading a speedball—a combination of meth and fentanyl—into a syringe.

This freshly wiped, well-lit booth belongs to her for the next 45 minutes. Taylor, who didn't want to give her last name, doesn't have to rush to avoid the notice of police or the public. No one here shouts racial slurs or points out that she'd be freed from her crutches if she'd stay clean long enough to undergo hip surgery. She needs the operation to fix injuries from a car accident last year, but the risk of infection is high given her IV drug use and lack of steady housing.

Two nurses watch from a desk a few feet away, overseeing the six injection booths. They monitor that Taylor follows injection practices that are as safe as possible. Everyone who works here points out that drugs are not safe—this is not a safe consumption site. People here still struggle from the effects of drugs; they still overdose. Taylor has, more than once. These nurses saved her life, along with nearly 140 others in the last three months.

Taylor is a near-daily visitor at Lethbridge's supervised consumption site, run by the AIDS Outreach Community Harm Reduction Education & Support Society (ARCHES), a non-profit. In 2017, backed by a coalition that included Lethbridge police and EMS and Alberta Health Services, ARCHES applied to Health Canada to open a supervised consumption site to help the local population who use substances—many of whom were already ARCHES clients.

This site is one of seven in Alberta approved by Health Canada for drug consumption since the first was approved in late 2017. Two more mobile units are currently under review for Grande Prairie and Calgary.

These places are controversial, though not among people who study drug use and public health. The 1980s approach of "Just Say No" failed spectacularly—and with drugs far less potent than what's available today. Instead, health officials, including the World Health Organization, say harm reduction strategies such as consumption sites and needle distribution programs are necessary to help people who use drugs and to protect the wider public.

Supervised consumption sites appeared in Europe starting in 1986 to mitigate the public health risks associated with heroin use. Consumption sites can reduce the number of deaths from overdoses, decrease the transmission of diseases and infections, and cut back on the social nuisance related to public drug use. Many clients of these sites distrust conventional health services but feel comfortable here. So these places can be an access point to counsellors, detox programs, healthcare providers, even housing.

Taylor isn't thinking about straightening out today. Maybe one day, she says. Today is about feeling better under the watchful gaze of people who care. "We take care of each other here. We have people here we actually trust," she says. "We don't have that with a lot of people, considering how we're treated out there."

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ACROSS THE PROVINCE, CITIES and towns are feeling the effects of an opioid crisis spun out of control. In 2017, 579 people in Alberta died from fentanyl overdoses—up from 116 in 2014. The opioid epidemic has strained law enforcement and EMS, tied up emergency departments and hospital beds, contributed to needle debris and petty crime, and threatened to drive up rates of HIV and hepatitis C.

In Lethbridge, a mid-sized city known for its terrific winds and a main drag called Whoop-Up Drive, the crisis has struck with particular potency. The death rate here from fentanyl overdoses reached 19 per 100,000 people. Unlike Alberta's largest cities, Lethbridge lacks a health and social infrastructure to help people who use drugs. There's no medical detox, unlike in the smaller city of Medicine Hat, which has 24 beds for medical detox (eight are slated to open in Lethbridge this fall—one-third of what the City estimates it needs). Lethbridge has no intox centre, and its only treatment program requires drug abstinence. The city lacks a pain clinic and a specialist to treat HIV. It's home to three shelters but no permanent supportive housing.

When fentanyl landed on the streets of Lethbridge, it hit full force. The shift happened almost overnight in 2015, says Stacey Bourque, an addiction specialist and executive director of ARCHES. One morning, ARCHES's outreach team went around the city to empty boxes of discarded needles. "One box was so full, they had to jump back because needles were pouring out onto the street. They came back and reported something had obviously happened. This was nothing we'd seen before."

For Lethbridge's police department, 2015 brought major changes. Just a year earlier, they'd set out a four-year plan for budget priorities—without mention of fentanyl or opioids. Inspector Tom Ascroft says illegal drugs were so rare in this city that he remembers the first time a uniformed officer found cocaine. But in 2015, officers started noticing needles on the streets. They saw people dying from overdoses. Three people in the local jail died of overdoses in one year. For the first time, the department started giving commendations to officers for saving lives from drug overdoses. And petty crime rates rose as people started breaking into cars and homes. "This came on us so fast," says Ascroft. "I don't think people understand. It completely overwhelmed us."

Ascroft estimates about 3,000 people use illegal drugs in Lethbridge. Of these, about 700 use on the streets. As the problem grew worse, the downtown library hired security to deal with the rash of on-site drug use. Visitors are warned to be careful walking alone through Galt Gardens, a well-treed park at the north end of downtown. Historically the city's gathering place for community events, it's now a hotspot for the street population. Mayor Chris Spearman remembers the embarrassment of leading a contingent of visiting officials from their sister city in Quebec through the park last summer and seeing people injecting. Just north of downtown, where the CP Rail tracks run under an overpass less than 50 metres from the local shelter, enough discarded needles piled up that Fire and Emergency Services regularly filled five-gallon buckets.

In 2016 one person died every day in Alberta from an overdose related to fentanyl. In 2017 overdose deaths were occurring at a rate of 1.6 per day across the province. The total 2018 figures are not yet available, but 355 Albertans died in the first half of the year, a rate of two per day. And here's one telling stat from a single weekend in 2018 in Lethbridge: Just a few days before the consumption site opened on February 28, 42 people overdosed from fentanyl.

IN LETHBRIDGE THE INDIGENOUS POPULATION IS the public face of the opioid crisis. This is common across the province: Indigenous Albertans died of opioid overdoses three times more often than non-First Nations people in a recent 15-month period. They're also more likely to have been prescribed those drugs by a doctor. So goes Taylor's story: She started taking Percocet at age 16 after tearing the ligaments in her knee during a barrel-racing accident. She doesn't know why she got addicted to the sick sensation of Percocet but she has used the drug heavily since then.

She grew up in Stand Off on the Blood Reserve, which borders Lethbridge. Twice the Blood Reserve has declared a state of emergency due to opioids; dealers target the population, a case of history repeating itself—Stand Off got its name from a group of American whisky traders in the 1800s who were targeting the local population.

Taylor and her family were eventually evicted from the reserve for selling drugs. She moved to Lethbridge, where she started injecting fentanyl, meth and heroin. "It's hard because it's my whole family," says Taylor, who often comes to the consumption site with her brother. "My little brother is just 19. I'm 21. I have a lot of life left. Last year around this time, I still had a home. Everything was really different."

About 5,290 Indigenous people live in Lethbridge, somewhere around 5 per cent of the population. But they disproportionately account for the city's poor and street-involved. In 2011, 24.5 per cent of the urban Aboriginal population in Lethbridge lived below the Low-Income Measure. The people most often seen using drugs in public spaces are Indigenous—they account for nearly three-quarters of clients at the supervised consumption site. They bear the brunt of anger from other residents about Lethbridge's drug debris. "I'm not going to lie: Not a lot of people here in Lethbridge like natives. They don't," says Taylor. "We hear it all the time, every day."

Marty Thomsen, the manager of the Community Social Development Team at the City of Lethbridge, says racism

and discrimination against the local Indigenous community have existed for years but are exacerbated by the opioid crisis. "It's made it 10 times worse because, unfortunately, that's the demographic that is most afflicted by drug and alcohol use."

He adds: "The opioid crisis has supersized all of our problems. In any municipality, you're going to have poverty, homelessness, racism and discrimination, drug use and alcohol use. But all of a sudden, everything is blown up."

AS TAYLOR SETS UP IN THE INJECTION BOOTH, the high-pitched whine of a power drill drifts over the wall. On the other side, workers are busily building an extension to the building. Less than three months after its heavy metal door was first opened to clients, ARCHES decided it needed longer hours and more space. Gone will be the laundry and showers that organizers once offered users. New funding from the government will expand the site to 13 injection booths from six, and add two more inhalation rooms.

The consumption site is now open 24 hours a day, seven days a week. Even so, in the evenings, after dinner ends at the Streets Alive Mission seven blocks away and people wander over to ARCHES, wait times can be as long as 90 minutes. That's a long time to wait when you need to get high. Thomsen explained it to me as it was explained to him: "Picture yourself a foot under water; you can see the top of the water but you can't breathe. You will hold your breath as long as you can, but eventually you will do whatever you can to get that air. That is the need."

This is the first and still the only facility in Canada to allow four types of drug consumption on site: injection, inhalation, intranasal and oral. Nowhere else offers specially ventilated booths for people who want to smoke drugs. In its first four months of operation, the site's been visited an astonishing 25,000-plus times. Its client roster totals nearly 600 people. In terms of numbers, it's far busier than the Safeworks consumption site in Calgary, a city with a population of nearly 1.5 million compared to Lethbridge's 100,000.

Set in a brick building on the northeast side of downtown, Lethbridge's supervised consumption site is easily missed from the outside. Inside, the reception looks no different than most medical clinics, with its large desk and four friendly staffers who greet clients by name. Most of the seven black leather chairs are occupied by clients sleeping, laughing, waiting. They're all ages—the youngest clients permitted are 16; the eldest so far was 83. They wander in alone, in pairs, in trios, often carrying backpacks. The first time a client presents, they're asked for a name—it doesn't have to be their real name—and age. With that, staff starts a file to track basic information: history of overdoses, history of violence.

These nurses won't inject drugs into a client. But they can show them how to cook their drugs, clean their skin and find a suitable vein. Teaching people how to reduce their risk of infectious disease, vein damage and abscesses is part of effective harm reduction. These potentially deadly problems can tie up healthcare dollars and hospital beds.

"It's unique here," says Sam Mackey (opposite), who works at the site as a "population expert." "We let people use drugs here, but we also teach them. We've had people come in who don't know how to cook their drugs properly or shoot themselves up properly—maybe because they had a friend or partner do it all the time for them. That's very common out there."

When Mackey was growing up, her dad used heroin, crack and meth in the house. She learned to prep his heroin as a kid. She remembers trying coke for the first time around 10, snorting powder her dad left out; drinking in Grade 6; smoking weed soon after. By high school, she was hooked on over-the-counter and prescription medications. She was in and out of treatment centres, became homeless and was sexually assaulted at a shelter during one of her more prolonged periods of sobriety. She overdosed several times, once in a dealer's house. "They didn't call EMS. One guy said, 'I was just scared I was going to have a dead chick in my apartment.'"

Last year, ARCHES asked Mackey to join a committee creating a plan for a consumption site. She remembers getting high before meetings but taking her role seriously. After the site opened, she came as a client but sobered up after a month. She now gets daily methadone as part of a recovery program.

"I can't speak for anybody else, but I can speak for what this site meant to me when I was using here," she says. "This is a place to come and not be judged. To be treated normal. It's a chance to save lives and live a little bit longer. We have clients who OD here multiple times. I OD'd here multiple times. If I wasn't here, what would have happened?"

BUT MANY QUESTION THE WAY HARM reduction is carried out in Lethbridge.

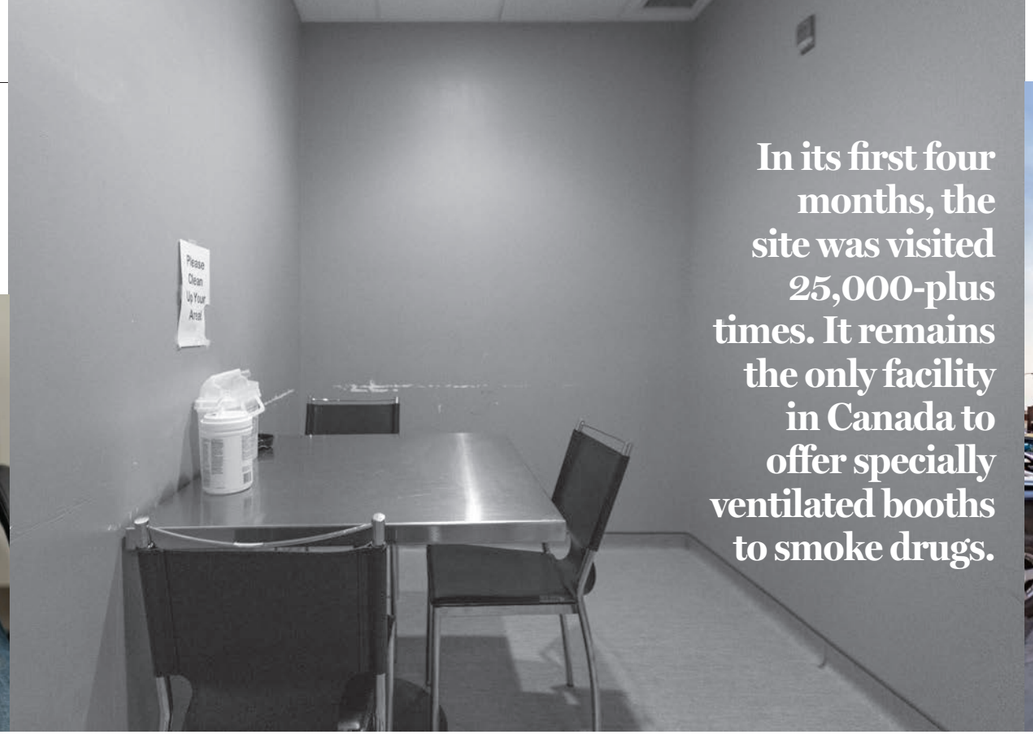
On May 30, 2018, the 12-year-old son of Amie and Julio Ceron was walking through a gravel stretch on his way home from school. Along the way, he'd bend down to pick up rocks and toss them in the air. Reaching for another handful, he felt a prick in his finger. He looked down and saw a bent needle, the pointy end sticking out sideways through its orange cap. The boy went home and told his parents. That night, he underwent testing for HIV and hepatitis at the local emergency department. The family waited an anxious weekend for the results. The chance of a positive test was minute but a chance all the same. On Monday the results came back—negative, to the family's enormous relief. But the fright of those few days spurred the Cerons to speak out against what they see as the unintended consequences of harm reduction.

"When it comes to the needle issue in Lethbridge, I'd known of it before but I wasn't involved," says Amie. "That's a lesson for me. You don't assume that something isn't your problem until it affects you. This is a problem for everybody."

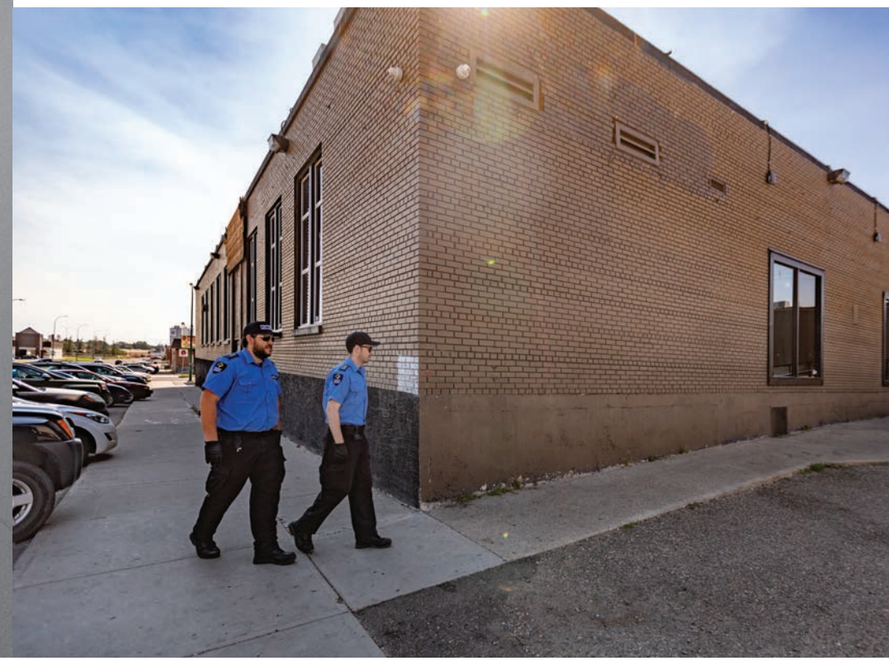
She feels the city is too concerned with the health and welfare of people who use drugs, to the detriment of people who don't. "Don't get me wrong. They're real people. But we're so concerned for the addicts who've made these choices and we're not concerned with the effect on my son. They're taking more care to protect drug addicts than to protect our community."

Some residents are speaking out, and angrily. More than once I was told that by reducing harm for one segment of the

PORTRAIT OF SAM MACKEY



In its first four months, the site was visited 25,000-plus times. It remains the only facility in Canada to offer specially ventilated booths to smoke drugs.



population, the city puts others in danger. A few days after the discarded needle stuck the Cerons' son, another parent posted a video on Facebook tearfully describing how she found a capped needle in the backpack of her son, a kindergarten student. He'd found it at the playground, she said, and kept it because it was cool.

This spring, residents founded the Lethbridge Needle Crisis Support Group. They organize rallies, share photos of needles found around the city, and spearhead letter-writing campaigns. The majority of complaints aren't directed specifically at the consumption site, though some certainly are. Some oppose it on principle; others say they're concerned about increased crime in the surrounding neighbourhood. As in other cities, clients congregate near the facility. After complaints in the first weeks, ARCHES hired security to monitor the area around the site.

The police see more disruptive activity near the site, though not all of it is criminal. "It focuses people in an area that's easier for us to control," says Inspector Ascroft. "I don't support drug use, but (the supervised consumption site) is a good strategy to manage it. I'm a cop. I'm a southern Alberta kid. I don't like any of this either, but we need a pragmatic approach. We're not going to lock everybody up. That's not going to work."

Some in the city are furious that people who use drugs have a place to do so without fear of arrest or pressure to enter recovery programs. After driving by the site, one man posted on Facebook: "It seemed like they were having a good time, laughing and talking. Doesn't really look like they want help." Lethbridge is a traditionally conservative town where people like to grouse about big government and wasting taxpayer dollars, common themes in public complaints about the site. Rumours abound: The site gives out drugs, it allows trafficking, it's driving up drug use. None of this is true.

What upsets people most is the number of needles discarded around the city—in parks, in public bathrooms, on ledges outside buildings. Through its outreach team, ARCHES hands out clean needles for free—a long-standing practice in keeping with the WHO's recommended strategies for harm reduction. There's no needle exchange. Studies show that a restrictive policy requiring users to turn in a dirty needle to get a clean one leads to fewer sterile syringes being distributed—meaning more unsafe syringes on the streets, not fewer.

The outreach team leaves from their office each evening at 6:00 for a seven-kilometre walk around downtown. They clean up discarded needles, encourage people to go to the consumption site, hand out candy (it's a good way to engage people), and distribute clean needles and pipes. They record all the needles distributed and collected.

On a warm Tuesday night in June when I joined the outreach team on their nightly walk, they spoke to a total of 76 individuals on the street over the course of three hours and distributed harm reduction supplies to 31. They handed out 12 long-tip needles, 50 short-tip needles, 10 "straights" (pipes for crack), 19 "bubbles" (pipes for meth), four containers for collecting personal sharps, and 16 "party packs." Party packs contain one long-tip needle, a condom, lube, a small water packet, tourniquet, alcohol swab, cooker and a vitamin C packet, which is used to help dissolve substances into an injectable form. People with housing received more supplies than others.

ARCHES COLLECTS 97 TO 100 per cent of the needles it distributes, and says it has reduced distribution by 50 per cent since the site opened. (ARCHES is not the only local source of needles. Other agencies and pharmacies provide sterile needles; drug dealers sell preloaded syringes.)

Representatives of Lethbridge EMS and fire services say they've seen a major drop in the frequency of calls about needles, and they collect far fewer needles now. "We were going out five, six, seven, eight times a day just to pick up stuff in the community. Now we might go out five to eight times in a month," says Lynn Villiger of Lethbridge Fire & Emergency Services. Villiger understands why people are upset about finding syringes in schoolyards—"I'd freak out too if I was the parent"—and says kids need to be educated about needle risk.

"People want to blame somebody," he says. "That's the wrong approach. We have to come up with a solution. We're headed in the right direction, but people are impatient because the drug problem is going up so quickly. It's hard for anybody to get on top of it."

He equates the situation to a volcano. "You can get as angry as you want at the volcano, but that ain't going to stop it from erupting. It's erupting now and we're learning more than we ever have about drug use and addiction."

THE ANGER DIRECTED AT PEOPLE WHO USE DRUGS and those who care for them is taking its toll. In a city this size, many people know staff at the supervised consumption site. Employees are told that they enable drug use or keep people trapped in their addiction. Or worse: *Let users infect each other, let them die.* Stacey Bourque has been berated on social media, while shopping in the grocery store with her child, during a lunch out. "In big cities, nobody would know one person from the next, but here, every time you turn on the news, there I am, front and centre," says Bourque.

There is no way to quickly reverse a widespread problem with opioids, she says. "People didn't start using drugs because the facility was built. We've had 15,000-plus uses inside (the consumption site) that otherwise would have been outside in a public bathroom, in a park. That's reality. This is happening whether we exist or not. It's going to continue to happen. But if we can try to move people toward healthier practices, that will have a positive impact on the community."

Last spring, UCP leader Jason Kenney stirred up controversy for saying he doesn't believe supervised consumption sites work, adding governments are spending money to help "addicts consume poison." The NDP say harm-reduction strategies, including supervised consumption sites, are part of a much-needed, multi-pronged strategy to care for people in the throes of addiction, even if the odds of recovery are slim.

In Lethbridge I asked everyone who works in harm reduction about the potential for political winds to change policies on harm reduction. Each one—EMS, law enforcement, addiction specialists—said the opioid crisis will not disappear. You cannot un-erupt a volcano. ■

Christina Frangou writes about medicine, health and fitness. Her most recent AV *story (November 2017) was about assisted dying.*