

Do supervised consumption services impact crime and public order?

Most of the available peer reviewed research on supervised consumption services (SCS) suggests that SCS do not increase crime and may help improve public order in their surrounding communities.

Background

Canada has been experiencing an unprecedented overdose emergency, which killed more than 21,000 people between 2016 and 2020¹. People who use drugs face a number of drug-related harms and are often reliant on an increasingly toxic and unpredictable drug supply. They are particularly at risk of experiencing HIV, hepatitis C, skin and soft tissue infections and accidental overdoses. SCS have been implemented in some locations across Canada to help address these risks. SCS are health facilities where people can consume drugs under the supervision of trained staff who respond to overdose (e.g., give naloxone or oxygen), provide sterile drug use equipment (e.g., needles, cookers, inhalation kits), and help connect people to other health or social services.

However, opponents of SCS have expressed concerns that these services may worsen crime and disorder in the surrounding area (increases in drug trafficking, loitering, property damage, etc.). These concerns can result in delays in opening SCS or closures of existing SCS, and can restrict access to important health and social services for people who use drugs.

¹ Government of Canada. Opioid-related harms in Canada: September 2020 [Internet]. 2020 [cited 2021 Jun 30]. Available from: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

How do these studies assess whether SCS impact crime and public order?

Researchers usually compare crime and public order data from before versus after SCS have opened to assess if there have been changes over time. Common drug-related crime and public order incidents measured include: public drug use, unsafely discarded needles, violence (e.g., assault), drug trafficking (e.g., buying or selling illegal drugs), property crime (e.g., stealing property or breaking and entering), or loitering and public nuisance. Studies primarily use police database records, or survey data collected from businesses and residents in the area near the SCS.

However, both methods have potential limitations to note. Police data typically rely on recorded offences or calls for service, and can therefore be dependent on other factors such as changes in policing patterns (e.g., increases or decreases in the number of patrols). Further, surveys are based on subjective perceptions and may not accurately capture the level of crime and disorder before SCS opened in their neighbourhoods, or people may be more likely to notice or report crime after SCS have opened. Available peer reviewed research assessing SCS impacts on crime and public order are mostly from evaluations of the Insite SCS in Vancouver, Canada and the Medically Supervised Injecting Centre (MSIC) in Sydney, Australia.

What does the evidence say?

Overall reductions in public drug use

Compared to before SCS have opened, many studies have found reductions or no changes in public drug use (e.g., in streets, parks, public washrooms)²⁻⁷. For example, observational research from Vancouver measured less public injection after Insite opened³, and in Australia, residents and business owners near the MSIC noticed less public injection^{2,8}. However, one peer-reviewed study in Kamloops, Canada found that residents and business owners perceived increases in public drug use around SCS⁹.



² Salmon AM, Thein H-H, Kimber J, Kaldor JM, Maher L. Five years on: What are the community perceptions of drug-related public amenity following the establishment of the Sydney medically supervised injecting centre? *Int J Drug Policy*. 2007;18(1):46–53.

³ Wood E, Kerr T, Small W, Li K, Marsh DC, Montaner JSG, et al. Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Can Med Assoc J*. 2004;171(7):731–4.

⁴ Stoltz J-A, Wood E, Small W, Li K, Tyndall M, Montaner J, et al. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *J Public Health*. 2007;29(1):35–9.

⁵ Petrar S, Kerr T, Tyndall MW, Zhang R, Montaner JSG, Wood E. Injection drug users' perceptions regarding use of a medically supervised safer injecting facility. *Addict Behav*. 2007;32(5):1088–93.

⁶ Folch C, Lorente N, Majo X, Pares-Badell O, Roca X, Brugal T, et al. Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits. *Int J Drug Policy*. 2018;62(9014759):24–9.

⁷ Scherbaum N, Specka M, Schifano F, Bombeck J, Marrziniak B. Longitudinal observation of a sample of German drug consumption facility clients. *Subst Use Misuse*. 2010;45(1–2):176–89.

Fewer publicly discarded needles

A number of studies have found fewer publicly discarded needles around SCS after these services opened^{2,3,5,6,8}. For example, publicly discarded needles were found to significantly decrease in the surrounding city blocks after the Insite SCS opened in Vancouver³. Other research shows that people who frequently use SCS may be up to six times more likely to safely discard needles (e.g., using sharps containers), compared to people who use SCS less often⁶.



No verified changes in drug trafficking

The majority of studies investigating the relationship between SCS and drug trafficking have found no changes following SCS opening^{2,3,10-12}. For example, police data have shown no differences in the number of drug trafficking charges after Insite opened in Vancouver¹¹. Some staff at SCS in the Netherlands, Germany, Switzerland, and Spain have reported that SCS operations have led to more drug trafficking in the vicinities of the sites, but their opinions have not been compared to police data¹³.



Mixed findings on property crime, loitering, and other public nuisances

A handful of studies in Canada and Australia have found reductions in robbery and theft offences following the opening of SCS^{10,11,14}. For example, police-recorded property crimes decreased by 35 crimes per week in the neighbourhood containing Insite after the facility opened, while there were no significant decreases in property crime in other areas of Vancouver during the same period¹⁴. Further, a study of an unsanctioned SCS in the United States found no significant changes in crimes of this nature¹². However, some Canadian and Australian residents and business owners have stated that they felt there were increases in loitering and other public nuisances^{8,9,13}. Other Australian research examining policing data suggests that loitering may actually return to normal levels a few months after SCS open¹⁰.



⁸ Thein H-H, Kimber J, Maher L, MacDonald M, Kaldor JM. Public opinion towards supervised injecting centres and the Sydney Medically Supervised Injecting Centre. *Int J Drug Policy*. 2005 Aug 1;16(4):275–80.

⁹ Mema SC, Frosst G, Bridgeman J, Drake H, Dolman C, Lappalainen L, et al. Mobile supervised consumption services in rural British Columbia: Lessons learned. *Harm Reduct J*. 2019;16(1):4.

¹⁰ Freeman K, Jones C, Weatherburn D, Rutter S, Spooner C, Donnelly N. The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime. *Drug Alcohol Rev*. 2005 Mar 1;24(2):173–84.

¹¹ Wood E, Tyndall MW, Lai C, Montaner JSG, Kerr T. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Subst Abuse Treat Prev Policy*. 2006;1:13–4.

¹² Davidson PJ, Lambdin BH, Browne EN, Wenger LD, Kral AH. Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019. *Drug Alcohol Depend*. 2021 Jan 11;108521.

¹³ Kimber J, Dolan K, Wodak A. Survey of drug consumption rooms: service delivery and perceived public health and amenity impact. *Drug Alcohol Rev*. 2005;24(1):21–4.

¹⁴ Myer AJ, Belisle L. Highs and lows: An interrupted time-series evaluation of the impact of North America's only supervised injection facility on crime. *J Drug Issues*. 2018;48(1):36–49.

Decreases or no changes in violent crime

Research has also found decreases or no changes in violent crime after SCS have opened^{10,11,14}. For example, police-recorded violent crimes decreased by six crimes per week in the neighbourhood containing Insite after the facility opened, while there were no significant decreases in violent crime in other areas of Vancouver during the same time period¹⁴. Other Vancouver-based research found that incarceration rates among people who frequently used SCS were similar to those of people who infrequently used SCS, further supporting that SCS use does not contribute to increased drug-related crime among people who access them¹⁵.



Conclusion

Overall, most of the available peer reviewed research found that SCS do not increase crime and can help improve public order in the surrounding area. The majority of the reviewed studies report reduced crime and increased safety, with few exceptions to this trend. Therefore, concerns about proposed SCS leading to potentially negative impacts on crime should be appropriately balanced with the well-known benefits of SCS to best support effective health and social services for people who use drugs.

Authorship and Citation

Elaine Hyshka, Kelsey Speed, Brynn Kosteniuk, Ayden Scheim, Mary Clare Kennedy, Lois Jackson; Last updated July 2021

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¹⁵ Milloy M-J, Wood E, Tyndall M, Lai C, Montaner J, Kerr T. Recent incarceration and use of a supervised injection facility in Vancouver, Canada. *Addict Res Theory*. 2009 Jan 1;17(5):538–45.