

Supervised Consumption Sites, Public Safety & Crime: The Evidence¹

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Supervised consumption sites (SCS) are evidence-based harm reduction interventions where people can consume drugs under supervision while accessing sterile equipment, and receive emergency overdose response and referrals to care and treatment if needed. Existing peer-reviewed evidence indicates that **these sites reduce overdose mortality and risk behaviours associated with infectious diseases, and increase access to substance use treatment and other forms of care.**

SCS have been studied for more than 20 years both domestically and in international settings. Recently, SCS have been subjected to criticism and, in some cases, misinformation. For example, some policymakers and observers have incorrectly suggested that data demonstrate that SCS commonly increase public disorder and crime. Instead, there is a large body of research from a range of settings internationally that has explored the impacts of SCS and **indicates that their implementation is generally associated with either no change or declines in public disorder, drug litter, and crime.**

Nine peer-reviewed studies have investigated the impacts of SCS on crime, including two in Vancouver, two in Toronto, three in Sydney, and two in New York. All rely on objective, independent measures of crime, such as police collected crime statistics. **All of these studies found decreases or no change in the rates of property and violent crime in the vicinity of the SCS**, with the exception of one study on New York city finding no change in the rate of property crime surrounding one SCS and an increase in the area surrounding another SCS.

- Wood et al. (2006), found, after the opening of a SCS in Vancouver, no change in drug trafficking, assaults and robberies, and a decline in vehicle break-ins and theft.
- Also in Vancouver, Meyer and Belisle (2018) found that in the area where the SCS operated, property and violent crime decreased significantly (by approximately 42 crimes per week). Similar declines were not observed in other areas of the city.

¹ Author's Note: In employing the language of "crime" and "disorder" we acknowledge that, in this instance, these outcomes are socially and structurally produced, primarily as a result of the ongoing prohibition of the consumption of unregulated substances, and should not be interpreted as assigning responsibility for these outcomes to individuals, including people who use unregulated substances.

- In Toronto, Panagiotoglou et al. (2025), found that after several SCS opened, monthly trends indicated declines or no change in break and enters, robberies, bicycle thefts and thefts from motor vehicles in the areas around the SCSs.
- Also in Toronto, Werb et al. (2025), found no change in homicides due to stabbings and shootings in the city, although over time, declines in homicides were observed in areas near SCS, while increases in homicides were observed in settings further away.
- Freeman et al. (2005), examined changes in theft, robberies, and drug use/drug dealing charges, and found no change following the opening of an SCS in Sydney.
- Later, Fitzgerald et al. (2010), found declines in robberies, property crimes and drug offences around the same SCS in Sydney.
- Donnelly and Mahoney (2013) later assessed the impact of the Sydney SCS and also reported declines in robbery and theft charges.
- More recently, Chaflin et al. (2023), examined impacts of two SCS in New York city and found no significant changes in violent crimes, property crimes, 911 calls for crime. They also found a significant decline in low-level arrests for drug possession.
- However, Hall and Ratcliff (2025) also assessed the impact of SCS in crime in New York city. Here they found no increase in violent or property crime around the East Harlem SCS, though they did observe an increase in property crime around the Washington Heights SCS.

The impacts of SCS on public disorder have also been evaluated. **Most studies have found that SCS implementation is associated with decreases in public drug use and drug litter**, while one study found no significant change.

- Wood et al. (2004) found that the opening of the Vancouver SCS was associated with reductions in the number of people observed injecting in public, discarded syringes, and injection-related litter.
- In Barcelona, Espelt et al. (2013) found declines in discarded syringes in public spaces after the opening of a SCS, a finding also reported by Veccino et al. (2013).
- Thein et al. (2005) and Salmon et al. (2007) interviewed business owners and residents in close proximity to the SCS in Sydney. Both groups reported perceived declines in public injecting and discarded syringes.
- Several studies from various settings (Stolz et al., 2007; Kinnard et al, 2014, McKnight et al., 2007; Scherbaum et al., 2010), have examined the impact of SCS use on self-reported use of public spaces for consumption of drugs, with all but one showing significant declines in public drug consumption. The other showed no significant increase or decrease in the use of public spaces for consumption.

Collectively, the majority of peer-reviewed evidence from a range of settings around the world indicates that implementing SCS is associated with declines in public disorder, crime and public drug use. A smaller body of research suggests that the impact of SCS implementation neither increases or decreases crime or disorder, and just one study from New York found evidence of an increase in one type of crime near one of two SCS. Collectively, this body of evidence raises questions regarding ongoing and unsubstantiated claims by some suggesting that SCS negatively affect these outcomes.

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