

We're calling for Comprehensive Harm Reduction Services

All services are not equal. Supervised Consumption must be one part of a comprehensive harm reduction services — not simply an add-on to existing services.

Primary services are a core component of comprehensive services, with secondary services providing additional support and coverage.

A single primary service, or secondary services without a primary service, aren't able to provide the targeted support and breadth of services needed for comprehensive harm reduction. And none of these services will adequately meet the needs of service users unless they are developed and delivered with meaningful input and collaborating with people who will use the services.

We're calling for three critical pieces (in this order) ~

1 Inclusion of people who use illicit drugs in the design, implementation, and delivery of supervised consumption services

2 Primary services

where safer consumption is offered among other services and supports *specifically for people who use illicit drugs*

- includes both fixed and mobile NEX services (for a particular population with specific needs).
- matters because of cultural element (youth, sex workers, mental health, women)
- cultural safety as a priority in accessibility and effectively meeting health outcomes
- primary sites address issue of mutual mistrust in healthcare settings
- relies on *specialist* staff training in HR policy and practice: high level of comprehensive services.

3 Secondary services

where safer consumption is offered among other services and supports for a *range of client/member populations* (ie, in health clinics, shelters, mobile)

- the service has a broader mandate that is being accessed by people who use drugs among others (day program, shelter, housing, health, outreach)
- secondary services are essential because accessibility needs to be everywhere
- more *generalist* approach



SCS Reduce Overdose Deaths

- Although there have been 1418 overdoses at InSite between 2004 and 2010, there has never been a fatality at InSite since opening. (1)
- Since InSite opened, overdoses in the vicinity of the site have decreased by 35% - compared to a 9% decrease in the city overall. (2)

SCS reduce HIV infection by reducing sharing of needles

- People who use InSite are 70% less likely to share needles than those who do not use the facility. (3)

SCS increase use of detox and other addiction treatment services

- In 2015, 5,368 InSite clients were referred to other social and health services, the majority for detox and addiction treatment. (4)
- 464 referrals to Onsite detox, with a 54% completion rate. (4)
- The opening of InSite was associated with a 30% increase in detoxification service use and an increase in the rates of access to long-term addiction treatment. (5)
- In one study, 95 participants who were clients of InSite reported stopping injection drug use for at least six months. (6)

Insite in 2015 (13)

263,713 visits to the site	by 6,532 unique individuals
Average 722 visits per day	Average 440 injection room visits per day
768 overdose incidents	5,359 clinical treatment interventions
464 referrals to Onsite detox	5,368 referrals to other social and health services

Supervised injection services are cost-effective

- Looking at the outcomes of a decrease in needle sharing, an increase in safer injection practices and an increase in referrals to methadone maintenance treatment, the net health care savings from the use of InSite are estimated to be more than \$18 million. (7)
- InSite's supervised injection services and syringe exchange program reduce the incidence of HIV infection. Preventing infections is associated with \$17.6 million dollars in health care cost savings, greatly exceeding the operating costs of the facility [approximately \$3 million per year]. (8)

Supervised injection services reduce the amount of publically discarded injection equipment

- Since the opening of InSite, there has been a significant decrease in the amount of injection-related litter such as discarded syringes, syringe wrappers, etc. (9)
- More than half of drug users enrolled in the Scientific Evaluation of Supervised Injecting cohort reported that the use of InSite resulted in a reduction in unsafe syringe disposal. (10)

Supervised injection services do not cause an increase in drug-related crime

- There has been no significant increase in drug related crimes since the opening of InSite. There was a decrease in vehicle break-ins and vehicle thefts, confirming that the service has not contributed to a crime increase in the surrounding neighbourhoods. (11)
- An analysis of Vancouver City Police dispatch data found no increase in drug crime, violent crime or property crime following the opening of InSite. (12)

Did you know? Harm reduction is a very small part of overall spending....

Insite budget	2015/2106	\$2,938,665 (13)
Onsite budget	2015/2016	\$1,454,351 (13)

Spending on Mental Health and Substance Use by Health Authority (2015/2016)

Vancouver Coastal Health	\$231 million (13)
Island Health	\$169 million (14)

Sources

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