



10 years of Recommendations for Supervised Consumption Services (SCS) and Comprehensive Needle Exchange Services (NEX) in Victoria BC

Since 2002, **seven reports** have recommended VIHA proceed with providing **supervised consumption services (SCS)** to increase the continuum of health care for people who use drugs. SCS decrease overdose deaths, reduce disease transmission and hospital visits, provide support and referral services, and reduce public consumption of street drugs.

- 1** Stajduhar, Kelli et al (2002). **Missed Opportunities: Putting a face on injection drug use and HIV/AIDS in the Capital Health Region.** Centre for Health Evaluation and Outcome Services.

Recommendations:

“That consideration be given to the establishment of a safe injection facility in the Capital Health Region. Planning for and development of a safe injection facility should include active participation by the community and by injection drug users (2002:69).”

“While a fixed site for needle exchange must continue to exist, the hours of operation must be enhanced and the distribution and exchange of needles and other injecting equipment (such as injection ‘kits’ rather than simply needle exchange) must be decentralized to other locations” (2002: 67)

- 2** Downtown Service Providers Group (2003). **Serving the homeless: Social agencies in “the red zone”.**

Of 5 issues impacting downtown Victoria: “Lack of addictions treatment and support services (including safe injection site)” (2003: 6)

- 3** City of Victoria, VIHA, Victoria Police (2003). **Downtown Health Initiative Action Plan.**

Of 10 Action Plan items: “an investigation of the feasibility and effectiveness of a supervised safe injection site in our community.”

4 City of Victoria (2005). **Fitting the pieces together: Towards an integrated harm reduction response to illicit intravenous drug use in Victoria, BC.** Victoria, BC: City of Victoria.

“Develop business case and research proposal for supervised consumption environments in Victoria; Increase availability and accessibility of harm reduction supplies to meet provincial policy guidelines. For example, ensure that there is 24/7 access to needle exchange services and supplies through multiple venues across the City” (2005: 46)

5 VIHA (2006). **Closing the Gap: Integrated HIV/AIDS and Hepatitis C Strategic Directions for Vancouver Island Health Authority 2006/07 – 2008/09.**

“Research and development of innovative harm reduction service delivery models: Supervised consumption environments with wrap around low threshold services; Medical prescription of heroin (e.g. build on results of NAOMI pilot in Vancouver” (2006: 42)

Focus on “comprehensive needle exchange services,” defined as “co-location of health care and needle exchange services” to allow the needle exchange service to act as an effective entry-point to other essential health services, including (2006: 32-33):

- Testing with counseling and follow-up for STI, HIV and HCV.
- Contact tracing and follow-up.
- Active referral to ancillary services.
- Prevention case management.
- HIV and HCV information and education.
- Safer sex/drug use information, education and counseling.
- Individual advocacy.
- Peer, family, community support.

6 City of Victoria (2007). **Mayor’s task force on breaking the cycle of mental illness, addictions and homelessness: A Victoria model.**

“there is a need for small, properly staffed, supervised consumption sites to reduce the spread of disease, provide a safe point of contact for referrals and reduce the public disorder associated with public injection of drugs on our sidewalks (2007:10).”

7 Fischer, B. & Allard, C. (2007). **Feasibility Study on ‘Supervised Drug Consumption’ Options in the City of Victoria.** Centre for Addictions Research of British Columbia.

Recommendation: “That the City of Victoria, the Vancouver Island Health Authority and other local key stakeholders and partners undertake the necessary steps to move forward on the planning and implementing of a Supervised Consumption Site (SCS) initiative in Victoria” (2007: 8)

Fischer, B., Kendall, P. & Allard, C. (2008). **The case for a supervised drug consumption site trial in Victoria, British Columbia.** BC Medical Journal. Vol. 50, # 3, pp. 130-131.

“The time has come to take the necessary steps forward towards bringing a SCS program to Victoria,” says BC’s Provincial Health Officer Dr. Perry Kendall; “Victoria provides a perfect platform to implement a distinct and scientifically evaluated supervised consumption site program that is uniquely tailored to reflect the local characteristics of street drug use and associated public health needs,” says Fischer, director of the Illicit Drugs, Public Health and Policy Unit at UVic’s Centre for Addictions Research.

8 Pauly, Bernie & Joan MacNeil (2008). **Reaching Out: Evaluating Outreach and Needle Exchange Services on Vancouver Island.** School of Nursing, University of Victoria.

Recommendations:

Comprehensive services ~ “Increase connections and integration with other health and social service providers. For example, access to income and housing support workers and nursing services could be expanded at all sites.” (33)

Accessible drop-in spaces ~ “Urgent need for an evening drop-in place for people on the streets” (33), providing a safe space for individuals to use the phone, wash their hands, have a coffee, share information, and build the trust with staff required for effective referrals to other health services (20-22).