



Supervised Consumption Services

In the last 20 years, supervised injection services (SIS), also called safer consumption services (SCS), have been integrated into drug treatment and harm reduction programs in Western Europe, Australia, and Canada. The focus of these services is to enable people to safely consume pre-obtained drugs with sterile equipment. These services can be offered using a number of models including under the supervision of health professionals or as autonomous services operated by groups of people who use drugs. Supervised injection services grew out of the recognition that low-threshold, easily accessible programs to reduce the incidence of blood-borne pathogens were effective and cost-effective.

The objectives of SCS include preventing the transmission of blood-borne infections such as HIV and hepatitis C; improving access to health care services for the most marginalized groups of people who use drugs; improving basic health and well-being; contributing to the safety and quality of communities; and reducing the impact of open drug scenes on communities.

To shield clients and staff from the risk of criminal convictions for drug offences under Canada's *Controlled Drugs and Substances Act* (CDSA), these services must hold an exemption under section 56 of that Act. This section allows the federal Minister of Health to exempt a service or practice from the provisions of the CDSA in the interests of scientific research or in the public interest.

In 2007, the federal government refused to grant a continuation of the legal exemption to Insite, a supervised injection facility in Vancouver that had been operating pursuant to a section 56 exemption since 2003 and is the only exemption issued to date in Canada for a supervised injection service. Proponents of the site, including the Portland Hotel Community Services Society and the Vancouver Area Network of Drug Users (VANDU), challenged this refusal all the way to Canada's Supreme Court. On September 30, 2011, the Supreme Court declared the federal Health Minister had violated the Charter rights of people who need access to such a health facility, ruled in favour of the exemption, and ordered the Minister to grant a continuation of the exemption.

Research has found that SIS:

- are actively used by people who inject drugs including people at higher risk of harm;
- reduce overdose deaths — no deaths have occurred at Insite since its inception;
- reduce behaviours such as the use of shared needles which can lead to HIV and Hep C infection;
- reduce other unsafe injection practices and encourage the use of sterile swabs, water and safe needle disposal. Users of these services are more likely to report changes to their injecting practices such as less rushed injecting;

- increase the use of detox and other treatment services. For example, the opening of Insite in Vancouver was associated with a 30% increase in the use of detoxification services and in Sydney, Australia, more than 9500 referrals to health and social services have been made since the service opened, half of which were for addiction treatment;
- are cost-effective. Insite prevents 35 new cases of HIV and 3 deaths a year providing a societal benefit of approximately \$6 million per year. Research estimates that in Sydney, Australia, only 0.8 of a life per year would need to be saved for the service to be cost-neutral;
- reduce public drug use;
- reduce the amount of publically discarded injection equipment; and
- do not cause an increase in crime.¹

SCS address public order and safety concerns associated with public drug use by reducing public drug use and associated disturbances, helping to prevent crime in the neighbourhoods around the facilities, reducing costs to health and law enforcement systems, and promoting community integration and improved quality of life for people who use drugs.²

Professional groups such as the Canadian Medical Association, the Canadian Nurses Association, the Public Health Physicians of Canada, the Registered Nurses Association of Ontario, and the Urban Public Health Network have expressed their support for SCS.

Controversy about SCS

Similar to other harm reduction services, SCS are underscored by a distinct set of values. The markers of success for harm reduction programs focus on the reduction of harm and promotion of safety and wellness — not abstinence or a drug free society.³ SCS are often the subject of controversy partly because these values conflict with those held by institutional spokespeople and members of the general public.

As Kimber et al. (2003, p. 227) suggest, objections to SCS can be characterized in the following manner:

The common objections to [drug consumption rooms] are not dissimilar to those experienced by other harm reduction initiatives, such as needle and syringe programmes and opioid substitution treatment, and include: condoning drug use or “sending the wrong message”; facilitating the congregation of drug users and drug dealers or “honey pot effect” and delaying entry into drug treatment or “maintaining addiction”.⁴

Despite the existence of extensive scientific research supporting the effectiveness of these services, public and political opposition to SCS has generally been premised on the factors outlined by Kimber and has prevented the scale-up of these programs in many countries including Canada. In particular, Canada’s federal government has raised many of these objections to SCS.

Problems with Bill C-2 (*An Act to Amend the Controlled Drugs and Substances Act*)

In addition to attempts to close Insite, the Conservative government tabled legislation on June 6, 2013 (Bill C-65), and again in October 2013 (Bill C-2) outlining 26 new requirements to be met by groups seeking an exemption to the CDSA to operate a supervised injection service. Bill C-2 requires groups to demonstrate broad-based community and other support for these services, which will make it more difficult for community-based groups to obtain a CDSA exemption. In particular:

- Bill C-2 creates an unnecessarily cumbersome application process for an exemption for what is foremost a health care service. As the Toronto Medical Officer suggests in his recent report, the requirements of the Bill “stretch beyond the scope and spirit of the Supreme Court of Canada ruling. These requirements will pose significant barriers for health services applying for a CDSA exemption The likelihood that an applicant can obtain letters of support from all required bodies is low The required consultation process is beyond the capacity and budget of most community based health services.”⁵
- Bill C-2 purportedly focuses on public safety over public health, an approach that runs counter to the Supreme Court of Canada’s emphasis on striking a balance between public safety and public health and ignores comprehensive research demonstrating that SIS do not negatively affect public safety, but do support better public health.
- Despite the long list of requirements for an application set out in this Bill, it does not indicate what level of information will result in an approved application.
- The Bill requires that staff working at SIS obtain criminal record checks. This requirement will effectively discriminate against any potential staff or volunteers who have a history of drug crime. This is of concern because the involvement of peer workers in these services is critical to their success.
- Bill C-2 did not involve any consultation with provincial health authorities or with key professional bodies including the Canadian Medical Association and the Canadian Nurses Association.
- Bill C-2 requires groups to seek letters of opinion from civic and provincial authorities, essentially giving a veto to health care services to cities, police, community opponents and Ministries of Public Safety. Though they may have a vested interest in SIS because of the use of currently illegal drugs, it is not appropriate for these authorities to be given so much say in their implementation, particularly if their opposition to these services is ill-informed.
- Bill C-2 specifies that a report “of the consultations with a broad range of community groups” must be included with an application. In addition, the Bill provides a 90-day

period in which the Minister may receive comments from the general public on any application for an exemption. Though public consultation is an important component to establishing SIS, these two sections give undue emphasis to the opinions generated in public consultations. This can potentially allow minority — but vocal — opposition by those driven by NIMBY (“Not In My Back Yard”) to halt the implementation of life-saving health services. In effect, this legislation enshrines NIMBY-ism into decision-making about the provision of health services.

We urge you to write to the federal government and Minister of Health, Rona Ambrose, and express your opposition to the reintroduction of this bill and to express your support for these important health services.

References

¹ An excellent review of the evidence on SCS can be found in: Toronto Drug Strategy. 2013. *Supervised Injection Services Toolkit*. Available at: www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf. Appendix A of this strategy includes an excellent overview of the scientific research by service location and thematic area.

² See, for example, E. Wood et al. 2004. “Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users,” *Canadian Medical Association Journal*, 171, 731–734; European report on drug consumption rooms, supra at pp. 61–64; E. Wood et al. 2006. “Impact of a medically supervised safer injecting facility on drug dealing and other drug related crime,” *Substance Abuse Treatment, Prevention, and Policy*, 1 (8 May), 13; D. MacPherson. *A framework for action: A four-pillar approach to drug problems in Vancouver*. Vancouver: City of Vancouver, April 2001, pp. 20–211.

³ Hathaway & Tousaw, 2008, pp. 12–13

⁴ Kimber, J., et al. 2003. “Drug consumption facilities: an update since 2000.” *Drug and Alcohol Review*, 22, p. 227.

⁵ Medical Officer of Health, Toronto. 2013. *Supervised Injection Services in Toronto: Report to the Board of Health*. Available at: <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59886.pdf>.