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## Safer Consumption Services in Canada: Background

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### Introduction

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. These 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.

### Objectives of Safer Consumption Services (SCS)

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.

### Services in Canada

To shield clients and staff from criminal convictions, these services must hold a section 56 exemption from Canada's *Controlled Drugs and Substances Act* (CDSA). 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.

Opposition from the current federal government has stalled the implementation of these beneficial services. 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. In 2011, the Supreme Court declared the 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 federal Minister of Health to grant a continuation of the exemption.

### The Public Health Benefits of SCS

Findings from evaluations of Insite are echoed in other evaluations of safer consumption services. The Toronto Drug Strategy (TDS) has produced an excellent review of the research on these services

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from Europe, Canada and Australia. The TDS analysis of the evidence found that safer consumption services:

- 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.<sup>3</sup>

On the whole, studies seeking to identify potential harms of Insite have yielded no evidence of negative impacts. Studies were independently peer-reviewed and published in top scientific periodicals, including the New England Journal of Medicine, The Lancet and the British Medical Journal.<sup>4</sup> These findings are echoed by evaluations of other similar services in Australia and Europe.

Though these services have been demonstrated to reduce the spread of HIV, SCS also play an important role in promoting the health of some of the most marginalized people by connecting them to health care services, such as counseling, drug treatment and the services of physical and mental health practitioners. By providing a facility that other services cannot offer, SCS play an important role in establishing and maintaining contact with people who use drugs and who tend to be homeless, have poor health and lack access to health care services.<sup>5</sup>

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.<sup>6</sup>

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.<sup>7</sup> 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”.<sup>8</sup>

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-65 (*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) outlining numerous requirements to be met by groups seeking an exemption to the CDSA to operate a supervised injection service. Bill C-65 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-65 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.”<sup>9</sup>
- Bill C-65 focuses on public safety at the expense of 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-65 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-65 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-65 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.

Because the federal government prorogued parliament in August 2013, Bill C-65 is off the current legislative agenda. But there is a strong chance that the bill could be reintroduced in the fall of 2013. 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.

### For More Information

- “Insight into Insite” provides a plain-language summary of the research into Vancouver’s supervised injection site (Urban Health Research Initiative, 2010): [http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/insight\\_into\\_insite.pdf](http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/insight_into_insite.pdf)
- “Drug consumption rooms: evidence and practice” (IDPC, 2012) provides an overview of such services and their legal status in numerous countries around the world: <http://aidslaw.ca/publications/publicationsdocEN.php?ref=1310>

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### References

<sup>1</sup> Canadian Drug Policy Coalition

<sup>2</sup> Canadian HIV/AIDS Legal Network

<sup>3</sup> Toronto Drug Strategy. 2013. *Supervised Injection Services Toolkit*. Available at: [www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf](http://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.

<sup>4</sup> Kerr, T., Wood, E., Montaner J. 2009. *Vancouver’s Pilot Medically Supervised Safer Injection Facility – Insite*. See: <http://www.cfenet.ubc.ca/publications/findings-evaluation-vancouvers-pilot-medically-supervised-safer-injection-facility-insi>.

<sup>5</sup> See, for example, B. Marshall et al., 2011. “Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility: a retrospective population-based study,” *The Lancet*, 377(9775), 1429–1437; K. Dooling. 2010. “Vancouver’s supervised injection facility challenges Canada’s drug laws,” *Canadian Medical Association Journal*, 182(13), 1440–1444; M.A. Andresen & N. Boyd. 2010. “A cost-benefit and cost-effectiveness analysis of Vancouver’s supervised injection facility.” *International Journal of Drug Policy*, 21(1), 70–76; E. Wood et al. 2006. “Summary of findings from the evaluation of a pilot medically supervised safer injecting facility.” *Canadian Medical Association Journal*, 175 (11), 1399–1404; E.

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Wood et al. 2006. "Attendance at supervised injecting facilities and use of detoxification services." *New England Journal of Medicine*, 354(23), 2512–2514; BC Centre for Excellence in HIV/AIDS, *Evaluation of the Supervised Injection Site: One Year Summary*, 17 September 2004, p. 5; J. Kimber et al. 2003. "Drug consumption facilities: an update since 2000." *Drug and Alcohol Review*, 22, 227–233; and Medically Supervised Injecting Centre (MSIC) Evaluation Committee. 2003. *Final report on the evaluation of the Sydney medically supervised injecting centre*, Sydney; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). 2004. *European report on drug consumption rooms — executive summary*. Office for Official Publications of the European Communities, 2004, p. 4; H. Klee and J. Morris, 1995. "Factors that characterize street injectors," *Addiction*, 90, 837–841; D. Best et al. 2000. "Overdosing on opiates: thematic review— part 1: causes." *Drug and Alcohol Findings*, 4, 4–20.

<sup>6</sup> 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.

<sup>7</sup> Hathaway, A.D., & Tousaw, K.I. 2008. "Harm reduction headway and continuing resistance: insights from safe injection in the city of Vancouver." *International Journal of Drug Policy*, 19(1), pp. 12–13

<sup>8</sup> Kimber, J., et al. 2003, p. 227.

<sup>9</sup> 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>.