

## **Supervised Injection Services in Toronto**

<b>Date:</b>	June 21, 2013
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All Wards
<b>Reference Number:</b>	

### **SUMMARY**

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Toronto Public Health and 35 community agencies provide harm reduction services, including safer drug use supplies, to people who inject drugs in Toronto. In 2010, there were 75,000 client visits to these services, and 1.1 million needles were distributed along with other sterile injection supplies. Injection drug use is associated with important public health issues, including risk behaviours that lead to overdose and the transmission of blood borne diseases such as HIV and hepatitis. The most recent research for Toronto finds that 61% of people who injected drugs in the six months preceding the study tested positive for hepatitis C, and 6% tested positive for HIV.<sup>1</sup>

Supervised injection services (SIS) have been implemented in Europe, Australia and Canada to help reduce the harms of injection drug use. A SIS is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. Over 90 SISs are operating today. There is extensive, peer-reviewed research documenting the positive public health and safety outcomes of these services, and wide agreement among health professionals that SISs should be available as part of a comprehensive continuum of health services for people who inject drugs.

In 2005, the Toronto Drug Strategy recommended a needs assessment and feasibility study for supervised consumption services in Toronto. An independent research study concluded that Toronto would benefit from SISs integrated into health services already serving people who inject drugs. The study also recommended the service be evaluated to assess individual and community impacts and outcomes. Toronto Public Health (TPH) supports this model and approach to expand the continuum of health services available for this at-risk population.

In Canada, SISs must operate with an exemption from Section 56 of the *Controlled Drugs and Substances Act* (CDSA), granted by the federal Health Minister, or risk Criminal Code sanctions. InSite, a supervised injection service in Vancouver, was established in 2003, and was granted a CDSA exemption by the federal Minister of Health. Although InSite received temporary exemptions in 2006 and 2007, the federal government failed to extend InSite's CDSA exemption in 2008. In response, the operators of InSite initiated a legal challenge. In September 2011, the Supreme Court of Canada ordered the federal Minister of Health to grant InSite an extended CDSA exemption. In its decision, the Court also identified evidence that must be considered in making future exemption decisions. SIS implementation is now being pursued in several cities across Canada.

In June 2013, the federal government introduced Bill C-65, entitled the *Respect for Communities Act*, which, among other things, outlines a process and the documentation required from groups seeking a CDSA exemption to operate a SIS. The requirements in the bill are onerous, and there is no indication as to what level of information or support is needed for a successful application. If the bill is passed as currently drafted, health services seeking to implement supervised injection will have great difficulty meeting the requirements for a CDSA exemption. It is therefore recommended that the Board of Health make a submission to the federal government to register its opposition to Bill C-65, and to recommend the development of a more feasible CDSA exemption application process, in consultation with relevant provincial, public health, public safety and community stakeholders, including people who use drugs.

The Toronto Drug Strategy Implementation Panel has developed a comprehensive toolkit to assist with effective implementation of SISs in Toronto. The toolkit supports a reasonable process that reflects the conditions outlined in the Supreme Court of Canada ruling, and recognizes the importance of community engagement. It is therefore recommended that the Board of Health urge the provincial government to fund the integration of supervised injection services, on a pilot basis, into existing provincially-funded clinical health services in Toronto, and fund the evaluation of this pilot.

## **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The Board of Health make a submission to the federal government to register its opposition to Bill C-65, and to recommend the development of a more feasible CDSA exemption application process for supervised injection services, in consultation with relevant provincial, public health, public safety and community stakeholders, including people who use drugs.
2. The Board of Health urge the provincial government to fund the integration of supervised injection services, on a pilot basis, into existing provincially-funded clinical health services for people who use drugs in Toronto, and fund the evaluation of this pilot.

## **Financial Impact**

There are no financial implications for the City of Toronto arising from this report.

## **DECISION HISTORY**

At its meeting of October 24, 2005, the Board of Health approved the Toronto Drug Strategy report and the recommendations for action contained therein.

<http://www.toronto.ca/legdocs/2005/minutes/committees/hl/hl051024.pdf>

At its meeting of December 5, 6, and 7, 2005, Toronto City Council approved the Toronto Drug Strategy report and the recommendations for action contained therein.

<http://www.toronto.ca/legdocs/2005/agendas/council/cc051205/cofa.pdf>

## **ISSUE BACKGROUND**

The Board of Health and Toronto City Council approved the Toronto Drug Strategy (TDS) in 2005. The TDS is a comprehensive municipal drug strategy based on the integrated components of prevention, harm reduction, treatment, and enforcement. Governments around the world use this “four pillar” approach to address the harms of alcohol and other drug use for individuals, families and communities.

Among its 68 actions, the TDS recommended a needs assessment and feasibility study for supervised consumption (injection and inhalation) services, taking into account the decentralized nature of drug use in Toronto. City Council also asked that residents be consulted during the study, and that information about impacts on local communities and businesses, crime rates and property values as well as information about mobile SISs be included. Council also wanted to ensure any required protocols were followed to establish a SIS in Toronto. An independent team of experts conducted this research culminating in the release of the *Toronto and Ottawa Supervised Consumption Assessment Study* in April 2012. This study concluded that Toronto would benefit from SISs integrated into health services already serving people who inject drugs.<sup>2</sup> The study addressed the main areas identified by Council. Information about required protocols is discussed in this staff report.

The purpose of this report is to inform the Board of Health about the need for supervised injection services in Toronto, and to recommend federal and provincial action needed to advance implementation of SISs in Toronto.

## **COMMENTS**

This section of the report provides an overview of supervised injection services, associated research, key findings of the TOSCA study, an overview of the Supreme Court of Canada ruling and Bill C-65 along with information related to implementation of SISs in Toronto.

### **Supervised injection services**

A SIS is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. Services at a SIS vary but can include the provision of sterile injection supplies, supervised injection, education,

overdose prevention and intervention, medical and counselling services, and referrals to drug treatment, housing, income support and other services. The main goals of SISs are to reduce the spread of infectious diseases such as HIV and hepatitis, to reduce the number of drug overdoses, to bring people into contact with other health and social services, and to reduce community issues such as public drug use and discarded needles.<sup>3</sup>

Each SIS operates slightly differently but typically an individual arrives at the program with their pre-obtained drugs. Each person is assessed to ensure they are eligible for the program. The individual would then receive sterile injecting equipment and instruction on safer injecting practices. A nurse supervises the injection and is available to intervene in any medical emergencies. Once the individual has completed their injection they move to another room where they continue to be monitored for any negative drug reactions. They also receive information and referrals about other health and social supports and services either at the health service or elsewhere in the community.

There are a range of SIS models, including standalone, integrated and mobile services. InSite, in the Downtown Eastside of Vancouver, is an example of a standalone service in that it was set up as a SIS specifically, and is not part of an agency providing other health services. InSite has expanded over the years and now includes services such as OnSite, which is a withdrawal management (detox) service. The Dr. Peter Centre also operates a SIS in Vancouver. This SIS is integrated into this multi-service AIDS organization, and is available for clients of this agency only. Supervised injection is one of a myriad of health, social, food, recreational and housing services offered by the Dr. Peter Centre.

### **Research about supervised injection services**

There is extensive, peer-reviewed research (see Attachment 1) that SISs are actively used by people who inject drugs, in particular people at higher risk of harm, and that demonstrates the following public health and safety outcomes:

- reductions in overdose deaths;
- reductions in behaviours that cause HIV and hepatitis C infection (e.g., sharing injection supplies);
- increased use of detox and addiction treatment services;
- reductions of unsafe injection practices;
- reductions in public drug use;
- reductions in publically discarded needles; and,
- no increases in crime in the area surrounding the SIS.

There is wide spread agreement among health professionals that SIS should be available as part of a comprehensive range of interventions available in health facilities that serve people who inject drugs. Professional groups, including 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 SISs.

## **The need for supervised injection services in Toronto**

Toronto Public Health and 35 community agencies provide harm reduction services, including safer drug use supplies, to people who inject drugs in Toronto. In 2010, there were 75,000 client visits to these services, and 1.1 million needles were distributed along with other sterile injection supplies. Injection drug use is associated with important public health issues, including risk behaviours that lead to overdose and the transmission of blood-borne diseases such as HIV and hepatitis.

The most recent research for Toronto finds that 61% of people who injected drugs in the six months preceding the study tested positive for the hepatitis C antibody, and 6% tested positive for HIV.<sup>4</sup> These infection rates are attributed in part to the sharing of drug injection equipment. Research finds that one in five people who inject drugs in Toronto have injected with needles that were previously used by someone else.<sup>5</sup> The rate of needle sharing is more than double this rate (42%) among street-involved youth in Toronto.<sup>6</sup>

The risk of overdose associated with injection drug use is more than double the risk of overdose for other methods of drug use, such as smoking. This risk is heightened when people inject alone, without the supervision of another person to intervene or to seek medical attention in an emergency. Research about injection drug users in Toronto found that 8 out of 10 people reported injecting alone; 29% reported having an overdose in the six months prior to the survey.<sup>7</sup>

In the absence of a safe place to inject drugs, people use public spaces for drug use. More than half (54%) of people surveyed who inject drugs in Toronto reported using drugs in a washroom or stairwell, and 46% injected on the street or in an alleyway in the six months prior to being surveyed. For more than 10%, outdoor spaces such as the street, alley, public washroom etc., were the most commonly used places to inject.<sup>8</sup>

SISs have been implemented in cities around the world as one part of a broader strategy to reduce the harms of injection drug use. Research finds that people in Toronto who inject drugs would use an SIS. Survey results show that three out of four people would use SISs; more than half would use it always or usually for their injections. Additional findings indicate that SISs would attract people who are homeless and inject drugs in public places. The most commonly cited reasons for using an SIS were to: prevent and treat overdose, to use drugs in private, to obtain and safely dispose of injection equipment, to have a safe place to use drugs, to receive temporary shelter from the elements, and to engage with health professionals.<sup>9</sup>

It is important to note that public injecting is not only an issue for people who are homeless. People living in shared accommodation, shelters, temporary housing or rooming houses may fear losing their housing if they are found to be injecting on the premises and so will also turn to public spaces.

## **Toronto and Ottawa Supervised Consumption Assessment Study**

An independent group, led by senior researchers at the University of Toronto and St. Michael's Hospital, conducted a study on the need for and feasibility of supervised consumption services in Toronto and Ottawa. In April 2012, the results of this study were released in the report entitled, the *Toronto and Ottawa Supervised Consumption Assessment Study* (TOSCA).

Key findings and recommendations of the TOSCA report related to SISs are as follows:

1. Toronto would benefit from supervised injection facilities.
  - To address the frequent sharing of drug use equipment and public drug use.
  - To address dispersed patterns of drug use across Toronto.
  - People who use drugs reported that they would use a supervised consumption facility regularly.
  - People who use drugs as well as community members reported a preference of multiple sites as opposed to one central location.
2. An optimal model is a fixed service integrated within an existing organization that already works with people who inject drugs.
  - To ensure that the facilities provide access to other health and social services and to prevent duplication of services.
  - To address concerns about establishing new relationships with people who use drugs, and to address client privacy and community impact.
3. A strong evaluation plan is needed.
  - To include clear goals and objectives.
  - To assess the impact of the service: the number of people who visit and how often, the proportion of clients of the facility who use drugs, patterns of drug and sex-related risk behaviours over time, the rates of HIV, hepatitis B and C infections over time, and the incidence of fatal and non fatal overdose over time.
  - To consider impacts and changes at the community level: public litter, visible drug use, congregation of clients around facility, drug-related crime and arrests, property values and local business viability.
4. The supervised injection facility should have clearly established rules.
  - To balance the needs of clients and the surrounding community but not impede the services ability to improve the health of clients.
  - To be made considering the local context in which each facility operates.
5. The process to establish a supervised injection facility should be part of a comprehensive drug strategy.
  - A comprehensive strategy should address the health and well-being of the individual and the wider community, and be based on the four pillars of prevention, harm reduction, treatment and enforcement.
  - Resources should not be diverted from existing effective programs in order to implement new initiatives.

- Implementation must be transparent and include effective mechanisms for community input.<sup>10</sup>

### **Controlled Drugs and Substances Act**

In Canada, SISs must obtain an exemption under section 56 of the *Controlled Drugs & Substances Act* (CDSA). Without an exemption staff and clients of a SIS would be subject to criminal laws that prohibit the possession and trafficking of controlled substances such as heroin and cocaine. Section 56 of the CDSA authorizes the federal Minister of Health to grant an exemption to individuals or a class of individuals from any or all of the provisions of CDSA for a medical or scientific purpose or if it is in the public interest to do so.

### **Supreme Court of Canada decision**

As previously noted, InSite, the supervised injection service in Vancouver, was established in 2003 and was granted a CDSA exemption from the federal government at the time. Although temporary exemptions were granted in 2006 and 2007, the Minister of Health failed to extend InSite's exemption in 2008. In response, the operators of InSite initiated a legal challenge. In 2011, the Supreme Court of Canada ordered the Minister of Health to grant InSite an extended exemption from the CDSA. This decision enabled InSite to continue operating without the risk of its clients and/or staff facing criminal charges in connection with possessing or trafficking controlled drugs.<sup>11</sup>

The Supreme Court ruled that the failure of the Minister to extend InSite's section 56 exemption was not in accordance with the principles of fundamental justice and violated section 7 of the *Canadian Charter of Rights and Freedoms*.<sup>12</sup> The Court also ruled that on future applications for such exemptions, the Minister must exercise discretion within the constraints imposed by the *Charter*, "and aim to strike the appropriate balance between achieving public health and public safety goals." Further, the Minister should generally grant an exemption where "the evidence indicates that a supervised injection site will decrease the risks of death and disease, and where there is little or no evidence of a negative impact on public safety."<sup>13</sup>

The court's decision to require the Minister to grant an exemption to InSite hinged on the evidence before the Court. While factors such as government policy may have some bearing on whether or not the Minister will exercise his or her discretion in favour of granting a section 56 exemption, the Court specifically stated that the decision to grant or deny an exemption must include evidence, if any, of the following:

1. the impact of such a facility on crime rates;
2. local conditions indicating a need for such a supervised injection site;
3. the regulatory structure in place to support the facility;
4. the resources available to support its maintenance; and,
5. expressions of community support or opposition.<sup>14</sup>

## **Proposed federal legislation**

On June 6, 2013, the federal government introduced Bill C-65, entitled the *Respect for Communities Act*, which, among other things, outlines the process and documentation required from groups seeking a CDSA exemption to operate a SIS. A detailed account of the 26 requirements can be found in Attachment 2. In brief, the requirements are as follows:

- scientific evidence of the medical benefit of the SIS for individual or public health;
- letters from the following officials outlining their opinion about the proposed SIS and any related concerns, along with details on how the applicant will address the concerns:
  - provincial health minister;
  - provincial lead for public health;
  - provincial minister for public safety;
  - local municipal government;
  - local police force;
- information about potential public safety impacts, in the vicinity of the proposed site and the municipality as a whole, including:
  - crime and public nuisance data;
  - public consumption of illicit substances;
  - publicly discarded drug-related litter;
- information on rates of infectious disease among people who use illicit substances, in the vicinity of the proposed site and the municipality as a whole;
- information on the number of overdose deaths in the vicinity of the proposed site and the municipality as a whole;
- official reports relevant to establishing SISs, including coroner’s reports;
- report of consultations held with the professional physicians and nurses associations;
- report of consultations held with a broad range of community groups
- a financing plan;
- a description of the drug treatment services that would be available at the site;
- information on public loitering, drug trafficking, and minor offence rates in the vicinity of the site;
- information about any public health emergency in the vicinity of the site or the municipality related to illicit drug use;
- measures that will be taken to minimize the diversion of controlled substances at or in the vicinity of the proposed site;
- record keeping procedures for the disposal, loss, theft and transfer of controlled substances left at the site;
- the name, title and resumé of the all staff involved in the proposed service;
- police checks for all staff covering the previous 10 year period and noting any drug offence convictions;
- police check documentation from country of origin if the staff member resided outside of Canada during the previous 10 years; and,
- any other information the Minister (of Health) considers relevant.



The requirements of the bill, as currently drafted, are extremely onerous and disproportionate to what is required for other health services. They stretch beyond the scope and spirit of the Supreme Court of Canada ruling. The requirements will pose significant barriers for health services applying for a CDSA exemption in order to offer SIS to their clients. The likelihood that an applicant can obtain letters of support from all required bodies is low even if they can develop plans to mitigate the issues raised. The required consultation process is beyond the capacity and budget of most community-based health services. There are also no details as to what constitutes an acceptable community consultation process, including the expected range and type of community groups to be consulted.

Requirements for police checks for staff working in the SIS may also be a barrier. If the individual was not a resident of Canada during the previous 10 years they must obtain a letter from police in their home country. This requirement discriminates against any individuals who have emigrated from war torn or oppressive regimes from which it may be all but impossible to secure such documentation. It will also discriminate against workers that have a previous history of drug use, if they were ever convicted of a drug offence. Peer workers play a critical role in the delivery of harm reduction services across Toronto in that they are often able to engage and connect with at-risk individuals in a way that other staff cannot.

In addition to the requirements noted above, the Minister of Health can also ask for "any other information" she or he deems relevant. Depending on the nature of this request, the barriers could be significant for an applicant. Section 6 of the bill also allows the Minister to give public notice of a SIS application, and members of the public have 90 days to provide any comments.

An overarching concern is that despite the long list of requirements set out in the bill, there is no indication as to whose opinions of support or opposition or what level of information and research submitted would result in an application being accepted or denied. Some degree of opposition is to be expected not dissimilar to that experienced by other drug-related services such as methadone maintenance treatment programs. It is the experience of other cities, however, that once a SIS is up and running community concerns are either addressed or are never realized.

It is also unclear who, if anyone, the federal government consulted with in the development of this legislation. There is no indication they consulted with provincial governments as the jurisdictional lead for health, or with health professionals, researchers, or community groups that have expertise in the area of SISs. Given this lack of process and the onerous requirements outlined in legislation, it is recommended that the Board of Health make a submission to the federal government to register its opposition to Bill C-65, and to recommend the development of a more reasonable CDSA exemption application process, in consultation with relevant provincial, public health, public safety and community stakeholders, including people who use drugs.

## **Supervised injection services toolkit**

The Toronto Drug Strategy Implementation Panel is a multi-sectoral leadership group that provides oversight and strategic advice for implementation of the City's drug strategy. The Panel is comprised of municipal, institutional and community-based representatives from the areas of prevention, harm reduction, treatment and enforcement as well as people who are former/current users of alcohol and other drugs. Following the release of the TOSCA study, the Panel struck a working group to look at SIS implementation challenges and solutions. The group developed a resource entitled, the *Supervised Injection Services Toolkit*, which is also before the Board of Health, for information.

The purpose of the toolkit is to provide information and resources to assist organizations considering whether to provide supervised injection services in Toronto. The toolkit is intended for use by decision makers, potential service providers, and other community stakeholders. The content draws on relevant policy and research as well as input from diverse stakeholders and experts in Toronto and Vancouver. Topics addressed in the toolkit include: demonstration of local need; program and clinical service design; community engagement; police protocols; communications; and performance measures. TPH supports the approach recommended in the toolkit as a more reasonable implementation process than set out in the federal legislation, as currently drafted.

## **Implementing supervised injection services in Toronto**

There are over 90 SISs operating around the world today, and considerable research about the positive public health and safety outcomes of SISs. There is also broad agreement among health professionals that SISs should be part of a comprehensive continuum of health services for people who inject drugs. The Supreme Court of Canada ruling has opened the door for communities across the country to implement SISs, including Toronto.

The TOSCA study concluded that Toronto would benefit from SISs integrated into existing health services already serving people who inject drugs. This model differs from the standalone service of InSite in Vancouver, and is more similar to the integrated model used at the Dr. Peter Centre. The study also recommended SISs be well evaluated to assess individual and community impacts and outcomes. TPH supports this model and approach as appropriate for Toronto. The College of Nurses of Ontario has confirmed that the activities associated with supervised injection services – establishing a therapeutic nurse-client relationship, assessment and management of health care needs, health teaching, disease prevention and health promotion – fall within nursing's scope of practice. A research application, led by the Ontario HIV Treatment Network, has been submitted to the Canadian Institutes of Health Research to pilot test and evaluate integrated SISs in several communities in Ontario, including Toronto.

As noted, the Toronto Drug Strategy Implementation Panel has developed a toolkit to assist with effective implementation of SISs at a community and neighbourhood level. The toolkit supports a reasonable process for implementing SISs in Toronto that reflects the conditions outlined in the Supreme Court of Canada ruling, and recognizes the

importance of community engagement. The federal government has tabled legislation related to the CSDA exemption process but the timing of when the bill will be approved, and in what form, is unknown.

It is therefore recommended that The Board of Health urge the provincial government to fund the integration of supervised injection services, on a pilot basis, into existing provincially-funded clinical health services for people who use drugs in Toronto, and fund the evaluation of this pilot.

### **Supervised injection within the broader response to drug use in Toronto**

The TOSCA study recommended that implementation of SISs be considered within the context of a comprehensive drug strategy. The Toronto Drug Strategy is a comprehensive municipal action plan to reduce the harms of alcohol and other drug use in Toronto, and is based on the integrated components of prevention, harm reduction, treatment and enforcement. Action is being taken across each of these areas, the details of which are outlined in a status report produced every two years, available at [www.toronto.ca/health/drugstrategy](http://www.toronto.ca/health/drugstrategy).

Toronto requires a comprehensive range of services to meet a variety of needs. Prevention services are needed to prevent or delay the onset of substance use, especially among youth. Toronto Public Health and community-based organizations continue to work to expand prevention and resiliency initiatives across the city.

Harm reduction services are needed to minimize avoidable health consequences for people who are actively using drugs and who do not want to stop. SISs are one part of a continuum of harm reduction responses that include needle exchange, safer drug use education, overdose prevention (e.g., naloxone distribution), HIV and hepatitis C testing, primary health care (e.g., immunization, wound care), counselling, and referrals to opioid substitution and other drug treatment, housing, income support and other services.

Treatment services are needed for people who want to reduce or stop using drugs. In Toronto, there are not enough treatment options or spaces available. Some programs have long waiting lists, and more investments are needed to meet demand. However, treatment is not a panacea. Not all approaches work for everyone. Some people will stop using drugs on their own, and others will struggle with addiction for many years moving in and out of treatment many times.

Enforcement is also needed to strengthen community safety by responding to crime and disorder related to both legal and illegal substances. Enforcement also includes the broader criminal justice system, including drug treatment courts that provide a more effective alternative to incarceration for people with addiction issues. Effective enforcement also includes community policing initiatives aimed at strengthening community relationships and preventing crime.

SISs were originally implemented to address both public safety (public drug use) and public health (risk of overdose and blood borne infections) issues. To be effective, SISs need to function as part of the overall response to substance use issues. Service providers looking to implement SISs in Toronto will need to ensure the service links with and complements other drug use services and initiatives.

The Toronto Drug Strategy recommended a needs assessment and feasibility study for supervised consumption services in Toronto. An independent research study concluded that Toronto would benefit from SISs integrated into existing health services already serving people who inject drugs. And further, that the service be evaluated to assess individual and community impacts and outcomes. It is recommended that the Board of Health support this model for Toronto to expand the continuum of health services available for this at-risk population. The *Supervised Injection Services Toolkit*, developed by the Toronto Drug Strategy, is a comprehensive resource that can assist with effective implementation of SISs. It is therefore recommended the Board of Health urge the provincial government to fund the integration of supervised injection services, on a pilot basis, into existing provincially-funded clinical health services for people who use drugs in Toronto, and fund the evaluation of this pilot.

The Supreme Court of Canada ruling on supervised injection services opened the door for communities across the country to implement SISs. The federal government has introduced legislation outlining the process and documentation required from groups seeking a CDSA exemption to operate a SIS. The requirements of this bill are onerous and pose significant barriers for health services seeking to offer SIS to clients who inject drugs. The timing of when the bill will be approved, and in what form, is unknown. It is therefore recommended that the Board of Health make a submission to the federal government to register its opposition to Bill C-65, and to recommend the development of a more feasible CDSA exemption application process, in consultation with relevant provincial, public health, public safety and community stakeholders, including people who use drugs.

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## **SIGNATURE**

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Dr. David McKeown  
Medical Officer of Health

## **ATTACHMENTS**

Attachment 1: Summary of Research about Supervised Injection Services  
Attachment 2: Summary of Bill C-65 – An Act to amend the *Controlled Drugs and Substances Act* entitled the *Respect for Communities Act*

## **Attachment 1: Summary of Research about Supervised Injection Services**

There is extensive international, peer-reviewed research about supervised injection services demonstrating a wide range of public health and safety outcomes. The following summary is an excerpt from the Toronto Drug Strategy Implementation Panel, *Supervised Injection Services Toolkit* (June 2013).

### **1) Engagement of injection drug users, including high-risk individuals**

#### **CANADA**

- InSite has successfully engaged high-risk drug users who are at a greater risk of overdose, becoming infected with HIV and other blood-borne diseases. Service users are more likely to be younger, homeless, inject in public, be daily heroin or cocaine users, and to have recently experienced an overdose.<sup>15</sup>
- 57% of injection drug users in one Vancouver study reported that they used InSite for some or most of their injections.<sup>16</sup>
- Frequent and daily users of InSite are individuals who are not currently engaged in other addiction services, and are more likely to be homeless, engage in public drug use, and be at the highest risk for overdose and infection of HIV.<sup>17</sup>

#### **AUSTRALIA**

- The majority of local drug users are registered with the SIS in Sydney. Estimates on the size of the intravenous drug using population in Kings Cross suggest that more than two-thirds have used the SIS.<sup>18</sup>
- A study examining the characteristics of frequent users of MSIC found that frequent attendance was associated with: previous attendance at the local health service for drug users, injecting any drug other than amphetamines, engagement in sex work, injecting at least daily, and having a history of injecting in a public place.<sup>19</sup>

#### **GERMANY**

- On average, 500-600 different drug users visit this Frankfurt consumption room each week. It supervises approximately 2,650 injections weekly. On average, clients use the service five times per week.<sup>20</sup>
- In a study of clients of 18 different consumption rooms in Germany, 84% of people interviewed reported use of the service more than once a week: 51% of this group reported daily use.<sup>21</sup>

#### **SPAIN**

- Supervised injection services attract highly disadvantaged people who are highly marginalized, inject regularly, and are hepatitis C positive.<sup>22</sup>

## **2) Reduction in overdose deaths**

### **CANADA**

- Between 2001 and 2005, one-third of all overdose deaths in Vancouver occurred within 500 metres of InSite. After InSite opened, fatal overdoses decreased in this area by 35%.<sup>23</sup>
- Prompt medical attention at InSite has prevented, on average, 12 overdose deaths per year.<sup>24</sup>
- To date, there have been no fatal overdoses at InSite. In addition, InSite has been found to address the social processes and injecting practices that contribute to overdose risk.<sup>25</sup>

### **AUSTRALIA**

- Sydney's MSIC has managed more than 4,400 drug overdoses without a single fatality.<sup>26</sup>
- In Sydney, there has been an 80% reduction in the amount of ambulances called to the area surrounding the SIS since the service was established. This sharp decrease has been attributed to both a shortage in heroin supply during the study period and to the services offered by MSIC.<sup>27</sup>

### **GERMANY**

- In Hannover, Saarbrücken, Frankfurt, and Hamburg, decreases in drug-related deaths followed the establishment of supervised injection services in all four cities.<sup>28</sup>

## **3) Reduction of behaviours that cause HIV and hepatitis C infection, such as the sharing of previously used needles**

### **CANADA**

- InSite users are 70% less likely to share needles than those who do not use the facility.<sup>29</sup>
- Study participants who were HIV positive and reported exclusive use of InSite for IV drug use reported no instances of sharing used syringes.<sup>30</sup>
- Condom use among IV drug users who use InSite increased since their participation in the program, reducing the risk of transmitting STIs such as HIV.<sup>31</sup>

### **AUSTRALIA**

- While rates of newly infected people with HIV and HCV in Sydney have increased, rates of new infections in the area surrounding the SIS remained stable.<sup>32</sup>

### **SWITZERLAND**

- Three cross-sectional surveys conducted between 1990 and 2001 show decreasing levels of acceptance of sharing injection supplies as a practice, the actual sharing of injection supplies, and an increase in condom use.<sup>33</sup>

#### **4) Reduction of unsafe injection practices**

##### **CANADA**

- People who use InSite are 3 times more likely to use sterile water; 2.8 times more likely to clean their injection site before using; more than twice as likely to safely dispose of their used syringes; and 2.8 times more likely not to rush through the injection process.<sup>34</sup>
- People who rely on others to inject their drugs are more likely to share needles and be infected with HIV. In one study, 48% of people reported receiving safer injecting education at InSite. Women in particular have been benefiting from these educational services and reducing the risks associated with relying on others for injections.<sup>35</sup>

##### **AUSTRALIA**

- There has been a reduction in the frequency of injection-related health problems among SIS clients in Sydney. 41% of service users reported making changes to their injecting practices since engaging with the SIS.<sup>36</sup>

##### **NETHERLANDS**

- After 4-6 months of service use, clients reported that due to the safer use education provided by the service, they had increased their knowledge about hygiene and drug use safety, in addition to reporting taking fewer risks while using.<sup>37</sup>
- 90% of consumption room users reported positive changes in their drug use and drug-use related risk behaviours since accessing service. This included a decrease in public use, improved hygiene and cleanliness.<sup>38</sup>

##### **GERMANY**

- Use of SISs in Germany has a strong relationship with a reduction in health risk behaviours. One in five German clients stated they had altered their injection practices because of an increased awareness of hygiene and safety since attending an SIS.<sup>39</sup>

#### **5) Increased use of detox and addiction treatment services**

##### **CANADA**

- InSite clients who were in contact with an addiction counsellor were more likely to enter into an addictions treatment service.<sup>40</sup>
- 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.<sup>41</sup>



## **AUSTRALIA**

- Almost 75% of the people registered with Sydney's SIS had not previously accessed any local health services. Those accessing services from the SIS are more likely than other injection drug users to access addiction treatment services, with 11% of SIS clients having been referred to a treatment service. Those that access the SIS more frequently are more likely to be referred to treatment and follow through with the referral.<sup>42</sup>

## **GERMANY**

- 54% of participants in a survey across Germany's consumption rooms reported being referred by staff of the service to further drug treatment and social services. 23% of these referrals were made to detox services.<sup>43</sup>

## **6) Cost-effectiveness**

### **CANADA**

- On average, InSite prevents 35 new cases of HIV and 3 deaths each year, providing a societal benefit of approximately \$6 million per year. The benefit cost ratio is 5:1.<sup>44</sup>
- 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.<sup>45</sup>
- 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 savings, exceeding the facilities operating costs of approximately \$3 million per year.<sup>46</sup>

### **AUSTRALIA**

- Sydney's SIS is estimated to save at least \$658,000 per annum.<sup>47</sup>
- Only 0.8 of a life would need to be saved each year for the SIS to be cost-neutral.<sup>48</sup>

### **GERMANY**

- Hospital admission is 10 times more likely for overdoses occurring in the street in comparison to overdoses that occur in SISs in which low level and immediate intervention can be administered.<sup>49</sup>

## **7) Reduction of public drug use**

### **CANADA**

- The opening of InSite was associated with a reduction in the number of people injecting in public spaces.<sup>50</sup>
- 71% of study participants reported that the use of InSite had resulted in less outdoor injecting.<sup>51</sup>

## **AUSTRALIA**

- Almost half of SIS clients surveyed reported that their next injection would have occurred in a public space (i.e. street, park, public washroom) if the SIS was not available.<sup>52</sup>

## **GERMANY**

- Over 80% of SIS clients in Rotterdam reported that they used less often in public after becoming registered with the service.<sup>53</sup>
- Out of a sample of 616 drug users in Hamburg, who were recruited from the SIS and in the open drug scene, 50% reported that the SIS had been their 'most frequent location' for drug use in the past 24 hours. 30% of people attributed the reduction in their public drug use to the availability of rooms at the SIS.<sup>54</sup>

### **8) Reduction in publically discarded injection equipment**

#### **CANADA**

- 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.<sup>55</sup>
- 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.<sup>56</sup>

#### **AUSTRALIA**

- The number of publically discarded needles in the area of Sydney's SIS has been reduced by 50% since the service opened.<sup>57</sup>

#### **NETHERLANDS**

- Survey's completed with residents in the neighbourhood surrounding a SIS in Netherlands before and after the establishment of the service found that local residents noticed a decrease in the amount of publically discarded syringes following the opening of the service.<sup>58</sup>

### **9) Does not increase crime in the area surrounding the SIS**

#### **CANADA**

- There has been no significant increase in drug related crimes since the opening of InSite. During one study period, there was a decrease in vehicle break-ins and vehicle thefts in the surrounding neighbourhoods.<sup>59</sup>
- An analysis of Vancouver City Police dispatch data found no increases in drug crime, violent crime, or property crime following the opening of InSite.<sup>60</sup>

## **AUSTRALIA**

- Establishing the SIS in Sydney did not lead to an increase in drug-related problems with crime or public loitering.<sup>61</sup>
- Crime data was analyzed from January 1999 to September 2002 and did not show evidence of an increase in robbery or theft following the opening of the SIS in Sydney.<sup>62</sup>
- A 2010 study found rates of robbery and property crime fell since 2001 in Kings Cross where Sydney's SIS, is located.<sup>63</sup>

## **SWITZERLAND**

- Police data on crime such as burglary, aggression, and threats, were analyzed by the Department for Strategic Studies at police headquarters in Geneva. The study looked at different areas of the city before and after establishment of the consumption room. Results found no increase in the level of crime following the establishment of the SIS.<sup>64</sup>

**Attachment 2: Summary of Bill C-65 – An Act to amend the *Controlled Drugs and Substances Act* entitled the *Respect for Communities Act***

Information cited below is extracted verbatim from the bill. Full text is available at: <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=6211134&File=4>

Information that is required to accompany an application for exemption under the CDSA is outlined in Section 3 of the bill, as follows:

3. The Minister may consider an application for an exemption for a medical purpose that would allow certain activities to take place at a supervised consumption site only after the following have been submitted:
  - (a) scientific evidence demonstrating that there is a medical benefit to individual or public health associated with access to activities undertaken at supervised consumption sites;
  - (b) a letter from the provincial minister who is responsible for health in the province in which the site would be located that:
    - i. outlines his or her opinion on the proposed activities at the site,
    - ii. describes how those activities are integrated within the provincial health care system, and
    - iii. provides information about access to drug treatment services, if any, that are available in the province for persons who would use the site;
  - (c) a letter from the local government of the municipality in which the site would be located that outlines its opinion on the proposed activities at the site, including any concerns with respect to public health or safety;
  - (d) a description by the applicant of the measures that have been taken or will be taken to address any relevant concerns outlined in the letter referred to in paragraph (c);
  - (e) a letter from the head of the police force that is responsible for providing policing services to the municipality in which the site would be located that outlines his or her opinion on the proposed activities at the site, including any concerns with respect to public safety and security;
  - (f) a description by the applicant of the proposed measures, if any, to address any relevant concerns outlined in the letter referred to in paragraph (e);

- (g) a letter from the lead health professional, in relation to public health, of the government of the province in which the site would be located that outlines their opinion on the proposed activities at the site;
- (h) a letter from the provincial minister responsible for public safety in the province in which the site would be located that outlines his or her opinion on the proposed activities at the site;
- (i) a description of the potential impacts of the proposed activities at the site on public safety, including the following:
  - i. information, if any, on crime and public nuisance in the vicinity of the site and information on crime and public nuisance in the municipalities in which supervised consumption sites are located,
  - ii. information, if any, on the public consumption of illicit substances in the vicinity of the site and information on the public consumption of illicit substances in the municipalities in which supervised consumption sites are located, and
  - iii. information, if any, on the presence of inappropriately discarded drug-related litter in the vicinity of the site and information on the presence of inappropriately discarded drug-related litter in the municipalities in which supervised consumption sites are located;
- (j) law enforcement research or statistics, if any, in relation to the information required under subparagraphs (i)(i) to (iii);
- (k) relevant information, including trends, if any, on the number of persons who consume illicit substances in the vicinity of the site and in the municipality in which the site would be located;
- (l) relevant information, including trends, if any, on the number of persons with infectious diseases that may be in relation to the consumption of illicit substances in the vicinity of the site and in the municipality in which the site would be located;
- (m) relevant information, including trends, if any, on the number of deaths, if any, due to overdose — in relation to activities that would take place at the site — that have occurred in the vicinity of the site and in the municipality in which the site would be located;

- (n) official reports, if any, relevant to the establishment of a supervised consumption site, including any coroner's reports;
- (o) a report of the consultations held with the professional licensing authorities for physicians and for nurses for the province in which the site would be located that contains each authority's opinion on the proposed activities at the site;
- (p) a report of the consultations held with a broad range of community groups from the municipality in which the site would be located that includes
  - i. a summary of the opinions of those groups on the proposed activities at the site,
  - ii. copies of all written submissions received, and
  - iii. a description of the steps that will be taken to address any relevant concerns that were raised during the consultations;
- (q) a financing plan that demonstrates the feasibility and sustainability of operating the site;
- (r) a description of the drug treatment services available at the site, if any, for persons who would use the site and the information that would be made available to those persons in relation to drug treatment services available elsewhere;
- (s) relevant information, including trends, on loitering in a public place that may be related to certain activities involving illicit substances, on trafficking of controlled substances and on minor offence rates in the vicinity of the site, if any;
- (t) information on any public health emergency in the vicinity of the site or in the municipality in which the site would be located that may be in relation to activities involving illicit substances as declared by a competent authority with respect to public health, if any;
- (u) a description of the measures that will be taken to minimize the diversion of controlled substances or precursors and the risks to the health and the safety and security of persons at the site, or in the vicinity of the site, including staff members, which measures must include the establishment of procedures
  - i. to dispose of controlled substances, precursors, and anything that facilitates their consumption, including how to transfer them to a police officer,
  - ii. to control access to the site, and
  - iii. to prevent the loss or theft of controlled substances and precursors;
- (v) a description of record keeping procedures for the disposal, loss, theft and transfer of controlled substances and precursors — and anything that facilitates their consumption — left at the site;

- (w) the name, title and resumé, including relevant education and training, of the proposed responsible person in charge, of each of their proposed alternate responsible persons, and of each of the other proposed key staff members;
- (x) a document issued by a Canadian police force in relation to each person referred to in paragraph (w), stating whether, in the 10 years before the day on which the application is made, in respect of a designated drug offence or a designated criminal offence, the person was
  - i. convicted as an adult,
  - ii. convicted as a young person in ordinary court, as those terms were defined in subsection 2(1) of the Young Offenders Act, chapter Y-1 of the Revised Statutes of Canada, 1985, immediately before that Act was repealed, or
  - iii. a young person who received an adult sentence, as those terms are defined in subsection 2(1) of the Youth Criminal Justice Act;
- (y) if any of the persons referred to in paragraph (w) has ordinarily resided in a country other than Canada in the 10 years before the day on which the application is made, a document issued by a police force of that country stating whether in that period that person
  - i. was convicted as an adult for an offence committed in that country that, if committed in Canada, would have constituted a designated drug offence or a designated criminal offence, or
  - ii. received a sentence — for an offence they committed in that country when they were at least 14 years old but less than 18 years old that, if committed in Canada, would have constituted a designated drug offence or a designated criminal offence — that was longer than the maximum youth sentence that could have been imposed under the Youth Criminal Justice Act for such an offence;
- (z) any other information that the Minister considers relevant to the consideration of the application; and,
- (z.1) any prescribed information that is submitted in the prescribed manner.

In addition, Section 6 of the bill states:

- 6. The Minister may give notice of any application, in the form and manner determined by the Minister, for an exemption for a medical purpose under subsection (2) to allow certain activities to take place at a supervised consumption site. Members of the public have 90 days after the day on which the notice is give to provide the Minister with any comments.

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