

INSTITUT NATIONAL  
DE SANTÉ PUBLIQUE  
DU QUÉBEC

**SUMMARY**

# Report on the relevance of supervised injection sites

**CRITICAL ANALYSIS OF THE LITERATURE**

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## Context of the report

Having been considered for many years, supervised injection sites (SISs) were formally included in the *Programme national de santé publique du Québec (PNSP)* (Québec National Public Health Program) in 2008. While the establishment of SISs targets several objectives, this measure specifically joins those aimed at combating the HIV and HCV epidemics among intravenous drug users (IDUs). Given that certain questions have been raised regarding the results of studies on the effects of SISs, the Institut national de santé publique du Québec (INSPQ) has taken the initiative of carrying out a critical analysis of these studies. The task force benefited from the collaboration of members of the Service de lutte aux ITSS (department for the prevention of STBBI) and of the Public Health Departments of Montréal and Québec City. The resulting document<sup>1</sup> was also submitted to external experts, whose names appear on the page listing authors.

## Objectives of the report

The objective of this report is to evaluate the relevance of establishing supervised injection sites in the province of Québec. It is based on a critical analysis of the scientific research carried out to date on the effects of SISs and on a review of the literature on the related ethical and legal issues as well as on acceptability and operational factors related to such sites.

## Ethical issues

Faced with the impossibility of preventing numerous health problems through traditional approaches (prohibition, treatment), the harm reduction approach, of which SISs are a part, aims to reduce the harm caused by drug use by relying on the tolerance of the population and of professionals toward behaviour considered to be socially deviant. The harm reduction approach respects the ethical principle of non-maleficence. Indeed, as a review of the literature indicated, SISs are one of the measures that modify the particularly risky conditions under which intravenous drug use takes place and, in doing so, this measure respects the ethical principles of public health.

## Acceptability of SISs

The implementation of supervised injection sites in other countries has not always occurred without provoking some apprehension among various professional groups, merchants, residents and workers within the site's proximity, and even among some intravenous drug users (who feared that such measures would become tools for exercising tighter controls). However, it is worth noting that the fears related to these sites seem to have diminished over time in most of the cities where they have been implemented. IDUs seem to have adopted the sites for use and to appreciate the secure environment they offer. Residents and business people in the neighbouring areas appreciate being confronted less often by the sight of people injecting themselves in their living and work environments. Professional groups, such as doctors, nurses, addiction counsellors and HIV and hepatitis prevention counsellors, as well as police forces, are less and less inclined to view such sites as contradictory to their mandates.

## Legal issues

International agreements related to drugs do not prohibit the establishment of SISs. Moreover, these agreements are subject to the internal laws of the signatory countries, which is of some importance given the jurisprudence relating to SISs in Canada, for this issue concerns the right to life, liberty and security of the person, which is protected by the Canadian Charter of Rights and Freedoms (as provided for in the Charter).

In Canada, application of the law relating to SISs varies. Currently, two supervised injection sites operate in Vancouver, British Columbia. Both receive financial support from the regional health authority, but the application of the CDSA to their respective situations differs. The SIS at the Dr. Peter Center medical clinic has been operating since 2002 without legal authorization and is not worried about law enforcement officials. In the case of Insite, legal proceedings have been undertaken to ensure that operations are not interrupted by the expiration of the exemption provided for under section 56 of the CDSA. These proceedings resulted, in June 2008, in the abolition of the need to obtain this exemption. The Supreme Court of British Columbia ruled that the sections of the Act making obtention of an exemption necessary infringed on the right to life, liberty and security of the person protected by the Charter and declared these sections unconstitutional. The federal government appealed this decision before the British

Columbia Court of Appeal. A ruling must be handed down by July 2009 at the latest.

Given the legal context outlined, the Ministère de la Santé et des Services sociaux (MSSS) (department of health and social services) may decide to proceed with its plans to implement the activities related to supervised injection sites included in the National Health Program. From a legal standpoint, the situation of SISs is analogous to that of needle exchange programs, implemented in the province of Québec about twenty years ago. Indeed, as was the case for the establishment of the SIS at the Dr. Peter Center in Vancouver, Québec public health authorities never obtained a legal exemption for the establishment of needle exchange programs, even though, technically, such an exemption could have been considered.

However, established Canadian jurisprudence has so far concluded that it is not necessary to obtain an exemption under Section 56 of the CDSA for the operation of an SIS. The sections of the Act prohibiting possession and trafficking were judged contrary to the rights to life and security guaranteed by the Charter. Moreover, there is no apparent reason why the situation of an SIS in Québec would differ from that of an SIS located in British Columbia. Given this perspective, the ruling to be handed down shortly by the British Columbia Court of Appeal should be followed closely. Attention to this outcome is all the more important given that the legal judgement will also bear on the issue of provincial jurisdiction in the area of health care and services.

## Analysis of the effects of SISs

The results of scientific evaluations of the effects of these sites on the health of users (or on certain intermediate markers) or on public order show that these are either positive or neutral. Research on SISs focuses on the following five objectives:

- 1) Reaching vulnerable populations – Evaluations demonstrated that the services offered by SISs succeed in reaching the populations most at risk for morbidity and mortality and make it possible for them to obtain primary health care services (testing for STBBIs, vaccination and treatment of infections) and referrals to other health services (addiction treatment), which previously they did not obtain.
- 2) Reduction of mortality caused by overdose – Research showed that no fatal overdoses have occurred in supervised injection sites. Moreover, the direct treatment of persons experiencing an overdose

or convulsions by SIS personnel relieves pressure on hospital emergency services.

- 3) Reduction of health risks – Research shows that SISs reduce health risks associated with intravenous drug use. The creation of safe environments for injecting leads to injection occurring under more hygienic conditions. Teaching about injection practices encourages the adoption of safe behaviour and these changes seem to spread into the community.
- 4) Reduction of nuisances in public areas – Recent scientific evaluations of SISs have shown that they have had no negative effect on public order. Studies have shown no increase in crime in the vicinity of the sites and no change in crime patterns within cities. These studies have also shown that the presence of SISs did not lead to an increase in the amount of discarded injection paraphernalia in the vicinity of the sites, but rather decreased the incidence of public injection and the amount of waste left in urban areas.
- 5) Stabilization of the health status of IDUs – Research has also shown that SISs allow for the health status of such persons to be stabilized through the treatment of numerous health problems. In many SISs, users have access to health services (vaccination against hepatitis A and B, testing for sexually transmitted infections, for HIV and HCV, primary care) and to addiction treatment services or to referrals toward these services. Studies also show that SISs encourage entry into detox programs.

## The validity and reliability of scientific studies of the effects of SISs

The validity and reliability of scientific studies of the effects of SISs are considered satisfactory. In other words, it appears that the neutral or positive effects that have been measured so far are scientifically valid and reliable. Research on SISs that is either underway or planned should make it possible to determine how the short term effects identified so far evolve over time.

To enhance the validity and reliability of research on the effects of SISs, it would, however, be interesting to see future evaluations consider the effects of SISs in the context of their interaction with other harm reduction services offered simultaneously or with other public policies that can influence public order or public health indicators. Development of more widespread availability for such services and of an associated research program



would make it possible to determine the effects of SISs on a populational scale.

## Analysis of the costs of SISs

Cost/effectiveness and cost/benefit analyses carried out in Vancouver and Sydney demonstrate the advantages of implementing such services. Even based on conservative models, analyses reveal the financial gains of implementing such services, which reduce the financial burden of diseases and pressures on the health system, and more specifically on emergency services, which are the front line for overdose treatment, psychiatric disorders and severe infections linked to drug use.

## Conclusions

Expectations tied to such services should be kept within reasonable bounds. SISs cannot be expected to constitute a response to all the health and public order problems related to the injection and consumption of drugs. Nevertheless, supervised injection sites benefit the health of IDUs in many ways, and these benefits are immediate in many cases. They constitute pragmatic, humanitarian and innovative responses to certain problems for which traditional approaches (prohibition, treatment) and even current harm reduction services have not provided solutions. Moreover, no negative effects on health have been documented in the scientific research carried out to date. For the province of Québec, the financial gains associated with this measure would be all the more significant, given that SISs would allow clients who often repeatedly access emergency services to be channelled elsewhere. These sites also make it possible to improve the accessibility, the continuity and the quality of services provided to vulnerable clients, while mobilizing few of the health care network's resources and while relying on the collaboration of community organizations working with intravenous drug users in a preventive capacity.

## Recommendations

The task force has prepared a series of recommendations that advocate openness toward groups wishing to offer this service to intravenous drug users, to whom they already offer certain health and social services.

### Organizational issues tied to this service

We recommend that supervised injection services be made accessible in community organizations devoted to working preventively with intravenous drug users or in health network establishments.

We recommend the development of a registration procedure for users of supervised injection services that respects confidentiality and protects personal information at all times.

### Issues related to public order

We recommend that police and other public authorities in the greater Québec and Montréal regions or in any other city concerned with the implementation of SISs be involved from the beginning in the planning and establishment of supervised injection sites.

We recommend the creation of multi-party committees (public security officials, municipal representatives, citizens, public health authorities, merchants and others, if necessary) to foster the maintenance of a preventive environment in sectors where SISs are to be established.

We recommend that regional health and social services agencies ensure harm reduction services are offered throughout their respective territories.

## Legal issues

We recommend that the MSSS encourage organizations wishing to establish an SIS to seek the support of municipal authorities, police forces and public health authorities in the cities concerned, so that sites can be made operational as quickly as possible.

In the absence of support from police forces, we recommend that the MSSS consider the possibility of participating, along with spearheading organizations, in requests for legal injunctions allowing operation of sites, based on the jurisprudence established in the case of Insite, in Vancouver.

We recommend that the MSSS support requests for exemption from Section 56 of the CDSA made by spearheading organizations if these requests are deemed necessary by the organizations involved, and that they urge these organizations to base justification for these requests on medical and public interest reasons (and not on research reasons).

## Evaluation – Research

We recommend the development of a reference framework for the monitoring and evaluation of SISs. The latter should fall within the context of axis 4 of the interministerial action plan on addiction<sup>2</sup> and be based on international guidelines for the evaluation of services for the treatment of substance abuse<sup>3</sup> and the indicators in Table 2 of the original document, so as to promote the integration of all the data necessary for the monitoring and improvement of these sites.

However, even though the establishment of supervised injection sites should be based not on reasons tied to scientific research, but rather on medical reasons, we recommend the promotion of research aimed at documenting the specific context of the province of Québec, where SISs will be devoted to the supervision of persons mainly using cocaine.

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