AN INJECTION OF REASON: CRITICAL ANALYSIS OF BILL C-2 (Q&A)

Cécile Kazatchkine, *Canadian HIV/AIDS Legal Network*

Richard Elliott, *Canadian HIV/AIDS Legal Network*

Donald MacPherson, *Canadian Drug Policy Coalition*

Bill C-2 undermines the rights of people who use drugs to access lifesaving and health-protecting services. Read more about supervised consumption services in Canada and internationally, and their positive impact on individuals and communities.

WHAT IS BILL C-2?

Bill C-2, proposed legislation currently before Canadian Parliament, will make it more difficult for health authorities and community agencies to offer supervised consumption services for people who use drugs by setting out an excessive and unreasonable process for applying for an exemption.

In Canada, supervised consumption services need to seek an exemption under section 56 of the *Controlled Drugs and Substances Act* (CDSA) to operate safely. Otherwise, clients and staff members would be at risk of criminal prosecution for possession of illegal substances under the CDSA. Section 56 allows the federal Minister of Health to exempt a service or practice from the provisions of the CDSA when necessary for medical or scientific purposes, or if it is otherwise in the public interest. However, Bill C-2 would require applicants to submit an onerous amount of information to the federal Minister of Health before (s)he may even consider an application for an exemption. Moreover, and contrary to the spirit of a recent decision by the Supreme Court of Canada, it says that exemptions will only be granted in "exceptional circumstances."

Bill C-2 was first introduced by the federal government in June 2013 as Bill C-65, the *Respect for Communities Act*. It died on the order paper when Parliament was prorogued in September 2013, but was quickly reintroduced in October 2013 as Bill C-2. The bill has been widely condemned by public health and human rights experts. The Quebec government has also opposed the bill.[1]

> A government truly committed to public health and safety would work to enhance access to prevention and treatment services—instead of building more barriers.
>
> Barb Mildon, President, Canadian Nurses Association

WHAT ARE SUPERVISED CONSUMPTION SERVICES?

Supervised consumption services (sometimes called supervised injection sites or drug consumption rooms) are health services that provide a safe, hygienic environment where people can use pre-obtained drugs under the supervision of trained staff.

Supervised consumption services are part of a broader harm reduction approach to substance use which promotes safety, health and dignity. Many people who use drugs are unable or unwilling to stop using drugs at any given time, despite even the strongest efforts to prevent the initiation or continued use of drugs.[2] Supervised consumption services, like other harm reduction services (e.g., needle and syringe programs), are a pragmatic, necessary and compassionate response to this reality. By offering a safe place for people to use drugs with sterile equipment, and to connect with care and other social services without fear of arrest or harassment, supervised consumption services can provide some protection to the most marginalized whose social, physical and mental health-related needs are rarely met.[3] Supervised consumption services aim to:

1. Reduce health risks that are often associated with drug use, such as the transmission of infectious diseases through the sharing of used injection equipment and overdose-related deaths;

2. Improve access to health, treatment and social services for the most vulnerable groups of people who use drugs; and

3. Contribute to the safety and quality of life of local communities by reducing the impact of open drug scenes as well as issues of discarded needles.[4]

Supervised consumption services are only one aspect of what should be a comprehensive health approach to drug use. They are not exclusive of drug treatment programs; they are complementary. Treatment will not work for everyone, as some people are not in a position to stop using drugs, and some people will relapse. This is why a comprehensive range

of services is needed and why supervised consumption services have been integrated into drug treatment and harm reduction programs in the last 20 years in Western Europe, Australia and Canada.

> 'Harm Reduction' refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.[5]
>
> Harm Reduction International

HOW DO SUPERVISED CONSUMPTION SERVICES WORK?

Supervised consumption services are often located in areas of concentrated and highly visible drug scenes. They are staffed by nurses, counsellors, peer workers and other experienced workers who provide sterile equipment, education on safer use practices (e.g., safer injecting practices), as well as supervision and emergency help to prevent complications and to intervene in case of overdose. Staff may also provide primary health care including treatment for wounds and skin infections, immunization, screening for sexually transmitted and blood-borne infections, and counselling. Clients bring pre-obtained drugs into the facility; none are provided by staff. Depending on the local context, supervised consumption services may be limited to injecting drug use or include other drug use such as inhalation. While supervised consumption services are often embedded in either health units or in community-based agencies where other services are available, they may also be offered in stand-alone sites, or through mobile outreach. They are usually closely linked to complementary health and social services.

WHERE CAN WE FIND SUPERVISED CONSUMPTION SERVICES?

The first supervised consumption sites opened in Switzerland, Germany and the Netherlands in the 1980s and early 1990s in response to the emerging HIV and hepatitis C epidemics, increasing open drug scenes and overdose-related deaths. Over 90 supervised consumption services are currently operating. With the exception of Canada and Australia, all supervised consumption sites are located in Western Europe.[6]

Canada currently has two supervised injection services located in Vancouver. Insite opened in 2003 in Vancouver's Downtown Eastside—home to some of the most vulnerable people in Canada.[7] It operates under a legal exemption that was granted by the federal Minister of Health on the condition that the program be rigorously evaluated. Insite is the result of collaboration between the Downtown Eastside community and local, provincial and federal authorities. It has 12 injection booths where clients inject pre-obtained drugs under the supervision of nurses and health care staff. If an overdose occurs, the team is available to intervene immediately. Nurses at Insite also provide other health care services, like wound care and immunizations. Addiction counsellors, mental health workers and peer staff can connect clients to community resources such as housing, addiction treatment, and other supportive services. Since 2007, the staff has also been able to refer Insite's clients to "Onsite," a detox centre located above Insite.[8]

The second supervised consumption site in Vancouver has been integrated within the Dr. Peter Centre since 2002. The Dr. Peter Centre offers an HIV/AIDS day health program and a 24-hour nursing care residence for people living with HIV, especially those patients who have multiple medical conditions, including drug dependence, and face various social barriers.[9] In January 2014, the Dr. Peter Centre applied to the federal Minister of Health for an exemption, which has yet to be granted.

WHAT HAS BEEN THE IMPACT OF SUPERVISED CONSUMPTION SERVICES?

Studies from around the world have documented the positive impact of supervised consumption services and there is longstanding experience with their successful operation. Canada's Insite, in particular, has been thoroughly evaluated: since 2003, more than 30 articles on Insite have been published in the world's leading peer-reviewed scientific and medical journals. Existing research clearly indicates that Insite has many beneficial outcomes both for people who use drugs and the community as a whole:

1. Insite is being used by the people it was intended to serve. Frequent users are people most at risk for overdosing or becoming infected with HIV or hepatitis C because of their high-intensity injection practices. They are also more likely to be homeless and inject in public places.

2. Insite has reduced HIV risk behavior such as needle sharing.

3. Insite has increased the number of people entering into treatment.

4. Insite has reduced overdose risk and prevented overdose-related deaths.

5. Insite has provided safety for women who use drugs.

6. Insite has also improved public order by reducing the number of public injections and the amount of injection-related litter near the facility.[10]

> Insite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation.
>
> Supreme Court of Canada[11]

Studies seeking to identify potential harms of the facility found no evidence of negative impact. Insite has not encouraged drug use, nor has it deterred people from quitting injecting drugs or seeking addiction treatment.[12] Moreover, Insite has not led to any increase in drug-related crimes. These findings are echoed by evaluations conducted in Australia and Europe.[13]

> In Canada, the implementation of supervised consumption services is supported by numerous health experts and agencies, including: the Canadian Medical Association; the Canadian Nurses Association; the Canadian Association of Nurses in AIDS Care; the Registered Nurses' Association of Ontario; l'Ordre des infirmières et infirmiers du Québec; the Canadian Public Health Association; the Health Officers Council of British Columbia; the Urban Public Health Network; Public Health Physicians of Canada; the Toronto Board of Health; the Toronto Chief Medical Officer of Health; Vancouver Coastal Health; l'Institut national de santé publique du Québec; the Expert Advisory Committee on Supervised Injection Site Research, established by the federal Minister of Health; Médecins du Monde Canada; Association des médecins spécialistes en santé communautaire du Québec; and l'Association des intervenants en toxicomanie du Québec.

WHY IS IT SAFER TO INJECT DRUGS AT A SUPERVISED CONSUMPTION SERVICE FACILITY?

Health risks associated with injecting drug use are made worse by poor conditions and stressful environments. Homelessness, the need for an immediate fix, and fear of police can lead people to inject hurriedly in alleys or other public spaces. In these situations, people do not have time to control the amount of drugs they are injecting and they are more likely to miss a vein and develop abscesses as a result. When people are alone, in a hotel room or in a back alley, they might not be able to receive any medical help in case of an overdose. Lack of access to sterile injecting equipment is associated with increased syringe-sharing and a higher risk of acquiring HIV or hepatitis C. Unsanitary injecting conditions can also result in infections. Supervised consumption services also offer hard-to-reach populations an opportunity to connect with care and other services that may lead to an overall improvement in their health.

> In our view, Bill C-2 fails to recognize that supervised injection sites allow registered nurses to provide care in a safe environment. When safe spaces are not available for people to connect with registered nurses, nurses have to go out in the community and provide care on the streets, in back alleys and/or housing facilities where people often stay in unsanitary and crowded conditions.
>
> Canadian Association of Nurses in HIV/AIDS Care

IS THERE ANY EVIDENCE THAT SUPERVISED CONSUMPTION SERVICES ARE COST-EFFECTIVE?

Yes. Evidence indicates that supervised consumption services are cost-effective because they can reduce the risks of HIV and hepatitis C infections[14] and because they can lessen the pressure on emergency services and hospitals by providing on-site care in case of overdose, connecting people to care, and reducing the risks of infections associated with unsafe conditions.[15] Research has shown that by preventing new cases of HIV infections, Insite and its syringe exchange program can be associated with CDN $17.6 million dollars in health care cost-savings, which greatly exceeds the operating costs of the facility.[16]

DO SUPERVISED CONSUMPTION SERVICES ATTRACT PUBLIC NUISANCE?

Contrary to common fears expressed by local communities, there is no evidence that supervised consumption services attract more people who use drugs to the host communities. In fact, research has found that people who inject drugs will only travel short distances to use health services.[17] Supervised consumption services are logically located where there is a need (i.e., in localities where there is already a concentration of people who use drugs); they are also often integrated into existing services that work with people who use drugs. While local communities may legitimately have concerns that the opening of a new health or social facility might attract noise, litter or other kinds of nuisance, the evidence shows that a health response to drug use that includes supervised consumption services improves conditions in neighbourhoods. Specifically, supervised consumption services have been associated with increased public order, reduced public injection and litter associated with injecting, as well as a reduction in the number of syringes being found in public spaces.[18] Temporary gatherings of individuals around a supervised consumption service facility are more likely to arise when the capacity or hours of operation do not meet local needs (and thus should be addressed at a planning level). Cooperation between police and supervised consumption services as well as political support can also

help reduce any risks of nuisance.[19] Because supervised consumption services are also beneficial to the larger community, opposition from local residents tends to diminish over time with more positive attitudes coming from the community.[20] In Vancouver, local police are playing an important role in supporting Vancouver's supervised injection site.[21]

DO SUPERVISED CONSUMPTION SERVICES INCREASE LOCAL CRIME?

No. There is absolutely no evidence that supervised consumption services increase local crime. Evidence shows that Vancouver's Insite has had no impact on drug trafficking, assaults or robberies in the neighbourhood.[22] Similar observations have been made in Europe and Australia.[23]

> Expectations towards [supervised consumption services] need to be realistic, as they cannot address all the key variables of drug-related harm… They are, however, an effective public health intervention providing a 'safer environment' to reduce risks inherent in public drug use; they are unique in their capacity to develop individually tailored health education that achieves sustainable behavioural change among the most vulnerable populations; and the facilities provide clear benefits by increasing drug users' access to health and social care, and in reducing public drug use and associated nuisance.[24]
>
> European Monitoring Centre for Drugs and Drug Addiction 2010 report

WHAT IS THE CURRENT CONTEXT FOR SUPERVISED CONSUMPTION SERVICES IN CANADA?

In 2008, the federal Minister of Health chose not to extend Insite's exemption (under section 56 of the CDSA) despite evidence that Insite was an effective response to the dramatic spread of infectious diseases such as HIV and hepatitis C, and to the high rates of drug-related overdose in Vancouver's Downtown Eastside. Proponents of the site, including the PHS Community Services Society (which operates Insite under contract with the Vancouver Coastal Health Authority), the Vancouver Area Network of Drug Users (VANDU), and two individual Insite clients challenged this refusal all the way to the Supreme Court of Canada. In September 2011, the Supreme Court ordered the federal Minister of Health to grant the exemption, which stands today. According to the Court, the decision to deny an exemption violated Insite's clients' rights to life, liberty and security of the person in a way that was both "arbitrary" and "grossly disproportionate," (the right to security of the person is engaged where a law creates a risk to health by preventing access to health care)[25] thus violating the *Canadian Charter of Rights and Freedoms*.[26] Currently, several projects to implement supervised consumption services are being considered across Canada, but Bill C-2 will create unreasonable barriers to their implementation.

WHAT DID THE SUPREME COURT OF CANADA SAY ABOUT SUPERVISED CONSUMPTION SERVICES AND FUTURE EXEMPTIONS?

According to the Supreme Court, the Minister of Health must exercise his or her discretion to grant an exemption, in accordance with the *Charter,* which guarantees the rights to life, liberty and security of the person (section 7). The government cannot deprive people of any of these rights "except in accordance with the principles of fundamental justice." Regarding Insite, the Supreme Court ruled that the Minister's refusal to grant an exemption was not in accordance with the principles of fundamental justice because it was both arbitrary and grossly disproportionate. The

Minister's decision was arbitrary because it undermined the objectives of public health and safety of the *Controlled Drugs and Substances Act*.[27] Furthermore, the effect of denying clients Insite's lifesaving and health-protecting services "[was] grossly disproportionate to any benefit that Canada might derive from presenting a uniform stance on possession of narcotics."[28]

For future exemptions, the Minister must strike the appropriate balance between both objectives of the CDSA: achieving public health and public safety. Importantly, the Supreme Court ruled:

> "Where, as here, the evidence indicates that a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption."[29]

The Court outlined five broad factors to be considered by the Minister of Health in making a decision about whether to issue a CDSA exemption:

> "...The factors considered in making the decision on an exemption must include evidence, *if any,* on the impact of such a facility on crime rates, the local conditions indicating a need for such a supervised injection site, the regulatory structure in place to support the facility, the resources available to support its maintenance, and expressions of community support or opposition." [30]

These factors for consideration are meant to prevent any future decision from being arbitrary or creating a grossly disproportionate harm to people by impeding their access to necessary health services. The Supreme Court did not rule that an application for an exemption could only be reviewed or an exemption granted if all five factors had been addressed and/or satisfied. The Court simply said that *if* there is evidence about these factors, then such evidence must be taken into consideration.

ARE SUPERVISED CONSUMPTION SERVICES IN COMPLIANCE WITH INTERNATIONAL LAW?

Access to supervised consumption services is not only required under the *Charter* but also under international human rights law, which recognizes harm reduction as inherent in the right to health (contemplated by numerous instruments by which Canada is bound, including the *International Covenant on Economic, Social and Cultural Rights)*.[31] Indeed, there is overwhelming international consensus that full realization of the right to health demands access to harm reduction services.[32] Some may argue that international anti-drug conventions prohibit the implementation of supervised consumption services.[33] But such rigid interpretation of international anti-drug conventions is rejected by most experts,[34] and numerous countries that have implemented such services. The UN's own legal advisory body on drug control issues, the Legal Affairs Section of the UN Office of Drugs and Crime (UNODC), concluded more than a decade ago that supervised consumption services are not contrary to the conventions.[35]

HOW, EXACTLY, IS BILL C-2 GOING TO AFFECT THE EXEMPTION PROCESS?

Bill C-2 creates a much more restrictive exemption regime specifically designed for supervised consumption services. Under the new regime, exemptions can only be granted for medical purposes (recall that Insite was originally granted an exemption for scientific purposes) and in "exceptional circumstances." Bill C-2 codifies a repressive context that allows for no flexibility or room to facilitate the implementation of supervised consumption services; the federal Ministry of Health is not even allowed to examine an application for exemption unless it has received the 26 different pieces of information listed in the bill. Clearly, instead of enhancing access to critical health services, as recognized by the Supreme Court of Canada, Bill C-2 would make it exceedingly difficult for public health and community agencies to apply for an exemption. And for those who manage to provide all the excess information required by the bill, there is no guarantee that the application will even be considered or that an exemption will be granted if all criteria are met.

ISN'T IT FAIR TO ASK LOCAL COMMUNITIES AND POLICE FOR THEIR OPINIONS BEFORE IMPLEMENTING A SUPERVISED CONSUMPTION SERVICE?

Bill C-2 requires an application for an exemption to be accompanied by evidence of extensive consultations with local community groups and a letter from the head of police forces. While working with local communities and police can contribute to a better acceptance of the facility—thereby improving its functioning—it is unjustified and excessive to make this a legal requirement. There is no equivalent requirement for other health services for people who do not use drugs. Local residents and police forces have no right to approve who can access health care services. The fact that supervised consumption services are meant to serve people who use drugs seems to be the only reason for such exceptional treatment. This is particularly concerning as people who use drugs are a marginalized and stigmatized population, and local opposition to the implementation of drug-related services is likely to be based on misconceptions, fear and unfounded assumptions about addiction, drug treatment and harm reduction.

INJECTING REASON: WHY IS BILL C-2 HARMFUL?

Bill C-2 is harmful because it undermines the rights of people who use drugs to access lifesaving and health-protecting services. In particular:

Bill C-2 fuels misinformation about supervised consumption services:

- Bill C-2 does not recognize the well-established benefits of supervised consumption services to reduce health and social harms often associated with the use of drugs. It does not even mention that supervised consumption services can prevent overdose-related deaths and decrease the number of new HIV or hepatitis C infections. Bill C-2 also ignores comprehensive research demonstrating that supervised consumption services are in fact beneficial for public order and safety. The bill only focuses on the risks associated with illicit drug use as if supervised consumption services were exacerbating such risks when evidence clearly shows that they do the exact opposite.

Bill C-2 completely contradicts the spirit of the Supreme Court of Canada's 2011 decision:

- By touting "public safety" at the expense of public health, the bill runs counter to the Court's emphasis on striking a balance between public safety and public health. By making it even more difficult to implement supervised consumption services, Bill C-2 ignores the Supreme Court of Canada's assertion that these services are vital for the most vulnerable groups of people who use drugs, and that preventing access to these services violates human rights.

Bill C-2 imposes an excessive application process that would not be imposed on other health services.[36]

– Applicants must provide more than 26 different pieces of information before an application can even be examined by the Minister, including letters from authorities who might change positions during a lengthy process. Some information might be impossible to provide. For instance, an applicant for an exemption must provide detailed information about the proposed "responsible person in charge" and each of the "other proposed key staff members." It is likely impossible for an applicant to provide such unnecessary information at the exemption-application stage. As a result of this inflexible and excessive process, many individuals will continue to be deprived of much-needed health services.

Bill C-2 disproportionately considers "opinions" around access to critical health services.

– Bill C-2 requires letters of "opinions" from at least five different bodies, including police and governmental authorities. Applicants must also conduct consultations with a "broad range of [local] community groups" and submit a detailed report summarizing the "opinions" of consulted groups. While support from local authorities, communities and police can facilitate the implementation of supervised consumption services, legally requiring their opinions does nothing to build constructive cooperation. It only allows for decisions to be based on unjustified, misinformed and/or politically oriented positions, which may be contrary to the constitutional rights of people who use drugs.

Bill C-2 effectively gives certain authorities unilateral veto power to the implementation of supervised consumption services.

– Because an application for an exemption cannot be examined unless certain authorities have submitted a letter of opinion, the exemption process can easily be delayed or blocked. As with any other life-saving health services, the implementation of supervised consumption services should not be dependent upon whether the local government, police forces or the ministry in charge of public safety, for example, feel they are warranted.

Bill C-2 does not provide sufficient certainty or protection against arbitrariness.

– There is no guarantee that an application will be considered by the federal Minister of Health, even if all the required information has been submitted; there is also a risk that additional information might be requested and the process even further delayed. According to Bill C-2, the Minister can require "any other information [he/she] considers relevant to the consideration of the application." Additional requirements may also be imposed through regulations. Finally, the bill does not indicate what level of information, research, opposition or support would result in an application being accepted or denied. At no point does it capture the Supreme Court's ruling according to which "the Minister should generally grant an exemption" when evidence "indicates that a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety." On the contrary, the bill indicates that exemptions "may only" be granted "in exceptional circumstances."

Bill C-2 creates unjustified opportunity for public opposition and discrimination against people who use drugs.

– Bill C-2 provides the federal Minister of Health with the possibility to give notice to the public of any application for an exemption. Members of the public have 90 days to provide the Minister with comments. It is unclear how comments from random members of the public, across the country, would help the Minister of Health strike the right balance between public health and public safety. By calling for comments from the general public, without any guarantee that such comments will be informed by evidence and understanding of the challenges associated with drug dependence, the Ministry will only create a legitimate platform for stigmatizing and discriminatory comments against

people who use drugs. It is irresponsible to subject the life-saving health needs of a highly marginalized population to the whims of undefined "members of the public."

It is estimated that 4.1 million Canadians have injected drugs at some point in their life.[37]

- 11% of people who inject drugs in Canada are HIV-positive. 59% of people who inject drugs had evidence of either current or past hepatitis C infection.[38] 58% of the estimated new HIVinfections in Aboriginal people in Canada are attributable to injection drug use.[39]

- According to a study in Toronto, 54% of people who inject drugs injected in a public place such as a washroom or stairwell, and 46% injected on the street or in an alley in the six months prior to being interviewed.[40]

- In the summer of 2014, the Agence de la santé et des services sociaux de Montréal investigated 83 cases of severe overdoses, 25 of which were fatal.[41]

- Insite clients in Vancouver are 70% less likely to share needles than those who do not use the facility.[42]

- Insite may have prevented as many as 48 overdose deaths over a four-year period.[43]

- The opening of Insite was associated with a 33% increase in detox service use and an increase in rates of access to long-term addiction treatment.[44]

Recommendation

Given the necessarily harmful impacts of Bill C-2 presented above, we recommend the immediate withdrawal of Bill C-2.

References and Notes

[1] In February 2014, the Quebec ministers responsible for health and social services, Canadian intergovernmental affairs, public safety and justice sent a letter to the federal Health Minister in which they expressed the government of Quebec's disapproval of Bill C-2. This information is available in *Rapport du comité d'experts sur les interventions fédérales dans le secteur de la santé et des services sociaux de 2002 à 2013 remis au gouvernement du Québec,* la Direction des communications du ministère de la Santé et des Services sociaux, 2014, p. 74.

[2] International Harm Reduction Association (now Harm Reduction International), *What is harm reduction? A position statement from the International Harm Reduction Association,* available at http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf

[3] Hedrich D., *European report on drug consumption rooms,* European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2004.

[4] Toronto Drug Strategy, *Supervised Injection Services Toolkit,* 2013, a report prepared by the Toronto Drug Strategy's Supervised Injection Services Working Group; E. Schatz and M. Nougier, *Drug consumption rooms. Evidence and practice,* briefing paper, International Drug Policy Consortium (IDPC), 2012.

[5] International Harm Reduction Association (now Harm Reduction International), supra.

[6] D. Hedrich, T. Kerr and F. Dubois-Arber, "Drug consumption facilities in Europe and beyond" in *Harm reduction: evidence, impacts and challenges,* EMCDDA, 2010. For an overview of existing supervised consumption services globally, see E. Schatz and M. Nougier, supra.

[7] *Canada (Attorney General) v. PHS Community Services Society,* 2011 SCC 44, at para. 4.

[8] Information available at http://supervisedinjection.vch.ca/services/services.

[9] A. Krusi et al., "An integrated supervised injecting program within a care facility for HIV-positive individuals: a qualitative evaluation," *AIDS Care,* 21(5) (2009): pp. 638–644.

[10] For a two-page summary of research findings about Insite, see Urban Health Research Institute, BC Center for Excellence in HIV/AIDS, *Insight into Insite,* 2010, available at http://www.cfenet.ubc.ca/sites/default/files/uploads/docs/insight_into_insite.pdf. For a more in-depth view of research studies (including many of the studies cited in this document), see BC Center for Excellence in HIV/AIDS, Vancouver Coastal Health and Urban Health Research Institute, *Findings from the evaluation of Vancouver's Pilot Medically Supervised Safer Injecting Facility – Insite,* revised in 2009, available at http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf

[11] *Canada (Attorney General) v. PHS Community Services Society,* 2011 SCC 44, at para. 133.

[12] Ibid. See for instance, E. Wood et al., "Attendance at supervised injecting facilities and use of detoxification services," *New England Journal of Medicine,* 354(23) (2006): pp. 2512–2514; T. Kerr T et al., "Impact of a medically supervised safer injection facility on community drug use patterns: A before and after study," *British Medical Journal,* 332(7535) (2006): pp. 220–222; T. Kerr et al., "Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility," *American Journal of Public Health,* 97(7) (2007): pp. 1228–1230.

[13] Comprehensive reports on supervised consumption sites internationally include EMCCDA, 2004, and EMCDDA, 2010, supra. For an analysis of the literature see, Institut de santé publique québécois, *Avis sur la pertinence des services d'injection supervisée. Analyse critique de la littérature,* Gouvernement du Québec, 2009. For an extended evaluation report on Sydney (Australia) supervised consumption service, see KPMG, NSW Health, *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007–2011),* Final report, 2010.

[14] See for instance, M-J Milloy, E. Wood, "Emerging role of supervised injecting facilities in human immunodeficiency virus prevention," *Addiction,* 104(4) (2009): pp. 620–621. See also, A.M. Bayoumi and C. Strike (co-principal investigators), *Report of the Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA),* 2013.

[15] See W. Small et al., "Accessing care for injection-related infections through a medically supervised injecting facility: A qualitative study," *Drug and Alcohol Dependence,* 98(1–2) (2008): pp. 159–162 and E. Lloyd-Smith et al., "Risk factors for developing a cutaneous injection-related infection among injection drug users: A cohort study," *BMC Public Health,* 8(1)(2008): p. 405.

[16] S.D. Pinkerton, "Is Vancouver Canada's supervised injection facility cost-saving?" *Addiction,* 105(8)(2010): pp. 1429–1436. See also, A. M. Bayoumi and G. S. Zaric, "The cost-effectiveness of Vancouver's supervised injection facility," *Canadian Medical Association Journal,* 179(11) (2008): pp. 1143–1151 and Des Jarlais D.C., A Kamyar and H. Hagan, "Evaluating Vancouver's supervised injection facility: data and dollars, symbols and ethics," CMAJ, 179(11) 2008, doi: 10.1503/cmaj.081678; KPMG, NSW Health, *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007–2011),* Final report, 2010.

[17] Canadian Center on substance abuse, *Supervised Injection Facilities,* FAQs, 2005.

[18] See for instance, Wood E et al., "Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users," *Canadian Medical Association Journal,* 171(7) (2004): pp. 731–734 and findings in KPMG, NSW Health, *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007–2011),* Final report, 2010.

[19] EMCDDA, 2010, supra.

[20] Ibid, citing research conducted in Europe and Australia, p. 318.

[21] K. DeBeck et al., "Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility," *Substance Abuse Treatment, Prevention, and Policy,* 3(1) (2008): p. 11.

[22] E. Wood et al., "Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime," *Substance Abuse Treatment, Prevention, and Policy,* 1(1) (2006): p. 13.

[23] EMCDDA, 2010, supra.

[24] EMCDDA, 2010, supra, p 322–323.

[25] *Canada (Attorney General) v. PHS Community Services Society,* 2011 SCC 44, at para. 93.

[26] Ibid.

[27] Ibid, at para. 131.

[28] Ibid, at para. 133.

[29] Ibid, at para. 152.

[30] Ibid, at para. 153, emphasis added.

[31] *International Covenant on Economic, Social and Cultural Rights,* 1966, article 12.

[32] See for example, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Report to the UN General Assembly),* UNGAOR, 65th Sess., UN Doc A/65/255, 2010 which specifically mentions supervised consumption services.

[33] INCB, *Report of the International Narcotics Control Board for 2006,* 2007, at p. 87.

[34] D. Bewley-Taylor and M. Jelsma, *The UN drug control conventions. The Limits of latitude,* Transnational Institute and International Drug Policy Consortium, 2012.

[35] INCB, *Flexibility of treaty provisions as regards harm reduction approaches,* prepared by the Legal Affairs Section of the United Nations Drug Control Programme, E/INCB/2002/W.13/SS.5, 30 September 2002.

[36] Medical Officer of Health, *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

[37] Health Canada, Canadian Executive Council on Addictions, and Canadian Centre on Substance Abuse, *Canadian Addiction Survey (CAS): A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms,* November 2004, as reported in CATIE, *The epidemiology of HIV in people who inject drugs in Canada,* 2014, available at http://www.catie.ca/fact-sheets/epidemiology/injection-drug-use-and-hiv-canada.

[38] J. Tarsuk, S. Ogunnaike-Cooke, CP Archibald and the I-Track Site Principle Investigators, "Descriptive findings from a national enhanced HIV surveillance system, I-Track Phase 3 (2010–2012): Sex-based analysis of injecting, sexual and testing behaviours among people who inject drugs," *Canadian Journal of Infectious Diseases & Medical Microbiology,* 24 (Supplement A) (2013): 81A, as reported in CATIE, supra.

[39] Public Health Agency of Canada, *Summary: Estimates of HIV Prevalence and Incidence in Canada,* 2011.

[40] A.M. Bayoumi and C. Strike (co-principal investigators), *Report of the Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA)*, 2013.

[41] Information available at http://www.dsp.santemontreal.qc.ca/media/dossiers_de_presse/surdoses.html

[42] T. Kerr et al., "Safer injection facility use and syringe sharing in injection drug users," *Lancet,* 366(9482) (2005): pp 316–318.

[43] Urban Health Research Institute, BC Center for Excellence in HIV/AIDS, *Insight into Insite,* 2010, supra.

[44] E. Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injecting facility users," *Addiction,* 102(6) (2007): pp. 916–919.

WHO WE ARE

The **Canadian HIV/AIDS Legal Network** promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research and analysis, advocacy and litigation, public education and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS.

The **Canadian Drug Policy Coalition (CDPC)** is a coalition of over 70 organizations from across Canada that envision a safe, healthy and just Canada where drug policies and legislation as well as related institutional practice are based on research and best practices, human rights, social inclusion and public health.

Reproduction of this publication is encouraged, but copies may not be sold, and the Canadian HIV/AIDS Legal Network and the Canadian Drug Policy Coalition must be cited as the source of information. This document can be downloaded as a PDF from the following websites:
www.aidslaw.ca/drugpolicy
www.drugpolicy.ca/solutions/publications

Canadian HIV/AIDS Legal Network
1240 Bay Street, Suite 600
Toronto, ON M5R 2A7
Email: *info@aidslaw.ca*

Canadian Drug Policy Coalition / CDPC
Simon Fraser University
2400 – 515 West Hastings St
Vancouver, BC V6B 5K3
Email: *CDPC@drugpolicy.ca*

© 2014 Canadian HIV/AIDS Legal Network and Canadian Drug Policy Coalition