

# Supervised Injection Services

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## What is a supervised injection service (SIS)?

A SIS is a health service that provides a safe and hygienic place where people can inject drugs under the supervision of trained staff (e.g., nurses). Services offered 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 blood borne diseases such as HIV and hepatitis, reduce the number of drug overdoses, bring people into contact with other health and social services, and reduce community issues such as public drug use and discarded needles. There are currently over 90 SISs operating in Europe, Australia and Canada.

## How does a SIS work?

Each SIS operates slightly differently but typically an individual arrives at the program with their drugs. They are assessed to ensure they are eligible for the program. They 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 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 that health service or elsewhere in the community.

## Is there any evidence that these services work?

SISs were originally implemented to address public health (risk of overdose and blood borne infections) and public safety (public drug use) issues. There is extensive, peer-reviewed research that SISs are actively used by people who inject drugs, and produce the following outcomes:

- reductions in overdose deaths;
- reductions of unsafe injection practices;
- reductions in behaviours that cause HIV and hepatitis C infection (e.g., sharing injection supplies);
- increased use of detox and addiction treatment services;
- 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 health services available for 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 support for SISs.

## Are these services legal?

In Canada, SISs must operate with an exemption from the Controlled Drugs and Substances Act (CDSA) or risk Criminal Code sanctions (e.g., drug possession). The SIS (InSite), in Vancouver, began operating in 2003 with a CDSA exemption. In 2008, the federal government failed to extend this exemption, and in response the operators of InSite initiated a legal challenge. In 2011, the Supreme Court of Canada ordered the federal Minister of Health to grant InSite an extended exemption. The Court also set out factors for consideration for future exemption decisions.

In June 2013, the federal government introduced Bill C-65, the Respect for Communities Act, which includes the process and the documentation required from groups seeking a CDSA exemption. Toronto Public Health feels the requirements are onerous, and disproportionate to that required for other health services. The bill is still pending, but if passed as currently drafted, health services seeking to implement SIS will have great difficulty meeting the requirements for an exemption.

## Why do we need SISs in Toronto?

In 2005, the Toronto Drug Strategy recommended a needs assessment and feasibility study for supervised consumption services. An independent team of experts released the results of this research in 2012 in the Toronto and Ottawa Supervised Consumption Assessment Study. The study concluded that Toronto would benefit from SISs integrated into health services working with people who inject drugs, and that they should be evaluated. Toronto Public Health supports this model and approach to expand the continuum of health services available for this at-risk population.

Toronto Public Health and 35 community agencies provide harm reduction services, including safer drug use supplies, to people who inject drugs. 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 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 found that 61% of people who injected drugs tested positive for hepatitis C, and 6% tested positive for HIV.

The risk of overdose is twice as high for injection drug use than for other types of drug use (e.g., smoking). This risk increases when people inject alone as no one is available to intervene or seek medical attention in an emergency. Toronto research found that 8 out of 10 people had injected alone, and 29% had recently overdosed. Without a safe place to inject, people turn to public spaces. In a Toronto survey, 54% said they injected drugs in a washroom or stairwell, and 46% injected on the street or in an alleyway.

## How should SISs be implemented in Toronto?

The recommended model for Toronto is for SISs to be integrated into existing health services. Supervised injection would be one more service added to continuum of health services for this at-risk population. The Toronto Drug Strategy has developed the Supervised Injection Services Toolkit to assist with effective implementation. The toolkit supports a comprehensive process that reflects the conditions outlined in the Supreme Court of Canada ruling, and that recognizes the importance of community engagement.

### Additional information:

- Medical Officer of Health, Toronto Public Health, (June 2013) Supervised Injection Services in Toronto: <http://app.toronto.ca/tmmis/index.do>
- Bayoumi, A., Strike, C. et al. (April 2012). Toronto and Ottawa Supervised Consumption Assessment Study. Toronto: ON: [www.toscastudy.ca](http://www.toscastudy.ca)
- Toronto Drug Strategy Implementation Panel, (June 2013) Supervised Injection Services Toolkit <http://app.toronto.ca/tmmis/index.do>
- The Supreme Court of Canada ruling: <http://canlii.ca/t/fn9cf>
- Bill C-65, Respect for Communities Act: <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=6211134&File=4>

### Endnotes:

<sup>1</sup>Fischer, B., Rehm, J., Kim, G., Robins, A. (2002) *Safer injection facilities (SIFs) for injection drug users (IDUs) in Canada*, Canadian Journal of Public Health, 93 (5), 336-338.

<sup>2</sup>A detailed summary of this research is available in the Toronto Drug Strategy Implementation Panel's *Supervised Injection Services Toolkit (June 2013)*.

<sup>3</sup>Challacombe, L., et al. (2013) Toronto Phase 3 I-Track Report. HIV Social, Behavioural & Epidemiological Studies Unit, Dalla Lana School of Public Health, University of Toronto.

<sup>4</sup>Public Health Agency of Canada (2006). I-Track: *Enhanced Surveillance of Risk Behaviours among People who Inject Drugs. Phase I Report*. Public Health Agency of Canada.

<sup>5</sup>Public Health Agency of Canada (2006), *ibid*.