

# Statement

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*For immediate release*

## **GOVERNMENT BILL WILL IMPEDE LIFE-SAVING HEALTH SERVICES, CAUSE MORE DEATH AND DISEASE**

**JUNE 6, 2013** — Flouting the Supreme Court of Canada, today the federal government has introduced in Parliament a bill that aims to make it even more difficult for health authorities and community agencies to offer supervised drug consumption services, such as Vancouver’s Insite, to Canadians who are among those most at risk of HIV infection and fatal overdose.

Bill C-65 introduces numerous conditions that the government says must be met before the Minister of Health will issue an exemption under the *Controlled Drugs and Substances Act* (CDSA) to allow a supervised consumption service to operate. Without such an exemption, people using the service risk being criminally charged for drug possession, effectively undermining the ability of health services to reach those at greatest risk.

The bill is an irresponsible initiative that ignores both the extensive evidence that such health services are needed and effective, and the human rights of Canadians with addictions. In essence, the bill seeks to create multiple additional hurdles that providers of health services must overcome. The bill declares that the Health Minister should issue an exemption only in “exceptional circumstances.” In addition, numerous provisions of the bill create opportunities for community opponents, local police and others to voice their opposition — even if ill-informed — to such health services, and for the federal Health Minister to then use such opposition as an excuse for denying exemptions.

The exemption first issued to Vancouver’s Insite facility in 2003 is the only exemption issued to date in Canada under the *CDSA* for a supervised injection service. In September 2011, the Supreme Court of Canada finally ruled against the federal government’s decision to withhold further extensions of that exemption. The Court declared the Health Minister had violated the *Charter* rights of people who need access to such a health facility to reduce the risk of blood-borne infections such as HIV and hepatitis C and the risk of dying from overdose. As the Court succinctly declared: “Insite saves lives. Its benefits have been proven.” It ordered the Minister to grant an exemption to Insite immediately.

In its judgment, the Supreme Court said the Health Minister has discretion in deciding whether to approve any particular request for an exemption to run a supervised consumption service, but that discretion must be exercised in a way that respects the *Charter*. The Court set out five factors and said the Minister must consider any evidence there is about those factors in making a decision. This includes any evidence about community support or opposition to the proposed health service.

However, the Court did not say that these are preconditions that must all be satisfied. Yet the government’s bill would make people’s access to supervised consumption services dependent on whether police or other members of the community feel they are warranted. People who use drugs are entitled to needed health care services just like all other Canadians. It is unethical, unconstitutional and

damaging to both public health and the public purse to block access to supervised consumption services which save lives and prevent the spread of infections.

**Additional information:**

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

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# Backgrounder

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In the last 20 years, supervised injection services (SIS) have been integrated into drug treatment and harm reduction programs in Western Europe, Australia and Canada. These services grew out of the recognition that low threshold, easily accessible programs to reduce the incidence of blood borne pathogens were effective and cost efficient.

## **Objectives of Supervised Injection Services**

The objectives of SIS include: preventing the transmission of blood borne infections such as HIV and hepatitis C; improving access to healthcare services for the most marginalized groups of people who use drugs; improving basic health and well-being; contributing to the safety and quality of communities; and reducing the impact on communities of open drug scenes.

## **Services in Canada**

To shield clients and staff from criminal convictions, these services must hold an exemption from certain provisions in the *Controlled Drugs and Substances Act* (CDSA). Section 56 of this Act allows the federal Minister of Health to exempt a service or practice from the provisions of the CDSA in the interests of scientific research or in the public interest.

Opposition from the current federal government has stalled the implementation of these beneficial services. In 2007, the Health Minister refused to grant a continuation of the legal exemption previously issued to Insite. Proponents of the site, including the Portland Hotel Society (which operates Insite under contract with the Vancouver Coastal Health Authority), the Vancouver Area Network of Drug Users (VANDU) and two individuals using Insite to protect their health, challenged this refusal all the way to Canada's Supreme Court. In 2011, that Court ruled in favour of the exemption and ordered the federal Minister of Health to grant a continuation of the exemption.

## **Research on these services in Canada**

Since 2003, the city of Vancouver has been the location of a rigorously evaluated and highly successful stand-alone supervised injection site (SIS). More than 30 peer-reviewed studies describing the impacts of Insite indicate that it has several beneficial outcomes. The service is used by the people it was intended to serve, which includes over 10,000 clients. It is being used by people who would otherwise inject drugs in public spaces. Insite has reduced the sharing of needles and provided education on safer injecting practices. Insite has promoted entry into treatment for drug dependence and has improved public order. It has also been found to reduce overdose deaths and provide safety for women who inject drugs.<sup>1</sup>

Studies seeking to identify potential harms of the facility found no evidence of negative impacts. In particular, studies found that such a service does not lead to increased drug use or increased crime. Studies were independently peer-reviewed and published in top scientific periodicals, including the *New England Journal of Medicine*, *The Lancet* and the *British Medical Journal*.<sup>2</sup> These findings are echoed by evaluations of other similar services in Australia and Europe.

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<sup>1</sup> Urban Health Research Institute (2010). *Insight into Insite*. Vancouver: BC Centre for Excellence in HIV/AIDS. For more information about the research into Insite visit: <http://uhri.cfenet.ubc.ca/content/view/57/92/>.

<sup>2</sup> T. Kerr, E. Wood, E., J. Montaner (2009). Vancouver's Pilot Medically Supervised Safer Injection Facility — Insite. See: <http://www.cfenet.ubc.ca/publications/findings-evaluation-vancouver-pilot-medically-supervised-safer-injection-facility-insi>