Supervised Injection Sites

**Bibliography**

“Supervised Injection Sites: Overview.” *Canadian Points of View: Supervised Injection Sites*, March 30, 2018, 1. http://search.ebscohost.com/login.aspx?direct=true&db=p3h&AN=114927039&lang=en-ca&site=pov-can.

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**Supervised Injection Sites: Overview**

**Introduction**

In 2001, the federal government approved Insite, the first official supervised injection site in Canada. The site, located in the Downtown Eastside neighbourhood of Vancouver, offers clean supplies, access to services such as detox and counselling, and supervision by medical professionals trained to respond to overdoses and other health crises. Studies conducted in the first ten years the facility was open showed a significant decrease in both overdose fatalities and disease transmission in the area.

Supervised injection sites in Canada--both the ideas behind them and the actual facilities--have been catalysts for controversy for decades. Following the introduction of opiates to Vancouver in the first half of the twentieth century, a variety of community groups and government organizations have attempted to curb drug use, particularly injection drug use such as crack cocaine and heroin, and address the health problems commonly faced by intravenous drug users. Since the 1950s, groups have been recommending a harm reduction strategy that involves creating needle exchanges to prevent the spread of communicable diseases, such as hepatitis C and HIV/AIDS through dirty syringes, and providing safe places for users to inject.

In 2015 Stephen Harper's Conservative government introduced Bill C-2, the Respect for Communities Act. This piece of legislation placed significantly more stringent restrictions on any future proposal to create a supervised injection site than Insite originally faced. Conservatives cited the need to protect families in the areas surrounding potential supervised injection sites from exposure to drug activity and other potential negative impacts. Critics of the bill, including the Canadian Medical Association and the Canadian Nurses Association, have said that the regulations are too onerous and in effect will serve to prevent any new supervised injection sites from opening. Others have expressed hope that Justin Trudeau's Liberal government will repeal the bill, especially considering the 2016 approval of a second injection site in Vancouver.

[**Understanding the Discussion**](http://web.b.ebscohost.com/pov/delivery?sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03&vid=12&ReturnUrl=http%3a%2f%2fweb.b.ebscohost.com%2fpov%2fdetail%2fdetail%3fvid%3d11%26sid%3dee954236-3e73-40be-857a-1e046d32e87e%2540pdc-v-sessmgr03%26bdata%3dJmxhbmc9ZW4tY2Emc2l0ZT1wb3YtY2Fu#toc)

**Duty of care:**An obligation to conform to a certain standard of conduct for the protection of another against unreasonable risk or harm. Often applied to police officers with respect to their responsibility to keep the public safe.

**Harm reduction:**A collection of policies and practices designed to reduce the negative health, social and economic impacts of drug use. It is often positioned as a counterpoint to abstinence as an antidrug strategy and seeks to recognize that drug use is largely a systemic issue and users are entitled to care.

**Rig:**A common term used to refer to syringes, tourniquets and other paraphernalia required for injection drug use.

**Vancouver Area Network of Drug Users (VANDU):**A grassroots organization of past and present drug users living largely on the Downtown Eastside who work to improve the lives of all users through advocacy and peer support.

**Viral load:**The number of virus particles per millilitre of blood, a measure of how well HIV/AIDS treatment is functioning. Improving overall health has been shown to reduce viral load in those with HIV/AIDS.

[**History**](http://web.b.ebscohost.com/pov/delivery?sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03&vid=12&ReturnUrl=http%3a%2f%2fweb.b.ebscohost.com%2fpov%2fdetail%2fdetail%3fvid%3d11%26sid%3dee954236-3e73-40be-857a-1e046d32e87e%2540pdc-v-sessmgr03%26bdata%3dJmxhbmc9ZW4tY2Emc2l0ZT1wb3YtY2Fu#toc)

The idea of using supervised injection sites to combat the risks and health problems associated with intravenous drug use--and the theory of harm reduction that accompanied it--has been around much longer than the supervised injection sites currently in operation in Canada. In 1952, an organization called Community Chest (the precursor to the United Way) conducted research into the outcomes of giving heroin to heroin users as a form of treatment, referring to drug addiction as a medical problem in spite of predominant attitudes viewing it as a moral failing. While policy makers ignored the organization's recommendations, the ideas were reasonably well received socially, meriting favourable editorials in both the Provinceand the Vancouver Sun.

The first supervised injection sites in Europe opened in the Netherlands in the 1970s and since then have cropped up all over that continent.

The Expo of 1986 had a significant impact on the inhabitants of the historically low-income Downtown Eastside neighbourhood of Vancouver, mainly through the displacement of residents via gentrification of areas such as Yaletown and Coal Harbour. Drug users and sex workers were relegated to the east side as the downtown core moved steadily westward, resulting in a starker division between classes. Injectable forms of cocaine and more potent forms of heroin than previously seen flooded the city in the late 1980s and early 1990s, which prompted more efforts to solve the growing drug problem. In 1989, after receiving financial support of $100,000 from then-mayor Gordon Campbell, a group called Downtown Eastside Youth Activities Society (DEYAS) opened the first needle exchange in an attempt to stop the spread of hepatitis C and HIV/AIDS.

But the needle exchange did little to curb the rate of overdose fatalities, which rose to 331 deaths in 1993. The following year, British Columbia's chief coroner, Vince Cain, released a report about the deaths, condemning previous attempts by politicians to end drug use and recommending--much as the Community Chest report did more than forty years prior--opening a supervised injection site.

In 1995, before government had determined what action to take in response to the report, Downtown Eastside resident and nurse Ann Livingston used funding from DEYAS to rent a storefront on Powell Street and open a drug-user drop-in. Called the Back Alley Drop-in, ostensibly a gathering place for drug users, the place served as an unsanctioned supervised injection site. She told Megaphone Magazine in an interview in 2012 that police generally turned a blind eye to the illegal operation because they recognized the value of having users off the street. In addition to running two more illegal injection sites after the first one lost funding, Livingston became one of the founding members of the Vancouver Area Network of Drug Users (VANDU), which incorporated in 1998.

In 1997, Mayor Philip Owen appointed Donald McPherson, the first program director of the Carnegie Community Centre, as the city's first drug policy coordinator, and two years later, McPherson self-funded a trip to Europe to tour facilities and learn about harm reduction practices there. When he returned, he wrote a report titled A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver, laying out the ways in which prevention, treatment, enforcement and harm reduction could combat the issue of drug use in the city. While the recommendations in the report were not adopted fully, community groups undertook consultation with both community members and policy experts. In 2003, the Portland Hotel Society was granted a legal exemption and Insite, the country's first legal safe injection site, opened. The facility is operated by the Portland Hotel Society, a non-profit organization that provides housing and services to marginalized communities on the Downtown Eastside. The facility provides access to clean rigs, medical supervision, detox, counselling and other mental health services.

Stephen Harper's Conservative Party came to power in 2006 and began a legal battle against Insite, attempting to revoke the exemption from the Controlled Drugs and Substances Act that allows users to go there and health-care providers to work there without fear of arrest. The case reached the Supreme Court of Canada in 2011, where it was ruled that Insite provides crucial health care to already marginalized people and that it would be unconstitutional for the government to deny drug users access to that care. A study published that same year in the Lancet, a prestigious medical journal, reported that overdose deaths in the area around Insite had decreased by 35 per cent, and a significant body of peer-reviewed articles by Canadian, Australian, American and British researchers has shown that the facility improves public health, saves the health-care system money, and does not increase crime or create more drug users. A 1998 report written by Provincial Health Officer John Millar asserted that harm reduction and prevention would cost taxpayers significantly less than allowing injection drug users to go untreated.

There has been little published research that opposes Insite, with the exception of research funded by the Royal Canadian Mounted Police (RCMP), reportedly for the purpose of generating alternative analysis. However, the force has since distanced itself from the reports.

[**Supervised Injection Sites Today**](http://web.b.ebscohost.com/pov/delivery?sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03&vid=12&ReturnUrl=http%3a%2f%2fweb.b.ebscohost.com%2fpov%2fdetail%2fdetail%3fvid%3d11%26sid%3dee954236-3e73-40be-857a-1e046d32e87e%2540pdc-v-sessmgr03%26bdata%3dJmxhbmc9ZW4tY2Emc2l0ZT1wb3YtY2Fu#toc)

Several major cities in Canada have announced intentions to initiate supervised injection sites in their locations and have begun research into new facilities. St Michael's Hospital in Toronto conducted research that found maintaining new facilities like Insite in Toronto and Ottawa would save the health-care system a significant amount of money. The Montreal Gazette reported that researchers took a "conservative" stance, measuring the cost of operating a facility for twenty years against the cost of the hepatitis C and HIV infections the facility prevented, without including costs incurred from treating other infections caused by intravenous drug use or from treating overdoses. The study found a supervised injection site in Toronto would cost $33.1 million over twenty years and would save $42.7 million, putting the net savings at $9.6 million. Montreal mayor Denis Coderre announced plans to create four supervised injection sites in the city, one of which would be a mobile facility.

New facilities could face larger roadblocks to opening than Insite originally did due to Bill C-2. The policy imposes stricter regulations on potential facilities and more stringent conditions that must be met before the federal health minister can give approval. Several health organizations, including Canadian Medical Association and the Canadian Nurses Association, have denounced the bill on the grounds that it will prevent vulnerable populations from accessing health care. Health Minister Rona Ambrose told media that the bill aims to take into account the opinions of local parents, law enforcement workers and community leaders before allowing new facilities to open.

In spite of the more stringent policy, Justin Trudeau's Liberal government, elected in October 2015, approved a second supervised injection site in Vancouver at the Dr. Peter Centre, an HIV/AIDS clinic downtown that has been offering the service without official federal sanction since 2002. In 2017, bill C-37, which streamlined the approval process for supervised injection sites, became law. Following the law's passage, the government approved another site in Vancouver, as well as sites in Montreal, Toronto, Edmonton, Lethbridge, and Surrey.

[**About the Author**](http://web.b.ebscohost.com/pov/delivery?sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03&vid=12&ReturnUrl=http%3a%2f%2fweb.b.ebscohost.com%2fpov%2fdetail%2fdetail%3fvid%3d11%26sid%3dee954236-3e73-40be-857a-1e046d32e87e%2540pdc-v-sessmgr03%26bdata%3dJmxhbmc9ZW4tY2Emc2l0ZT1wb3YtY2Fu#toc)

Erin Flegg holds a BA in English and history from Queen's University and an MFA in creative writing from the University of British Columbia. She has worked as a freelance journalist and researcher for publications such as VICE Canada, the Vancouver Observer, This Magazine and DeSmog Canada. She writes about social justice, culture and politics.

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Point: Supervised Injection Sites Combat Illegal Drug Use and Overdoses

**Thesis:**The two supervised injection sites in Vancouver are essential to combating illegal drug use and curbing overdoses, and Bill C-2 should be repealed to allow the creation of additional supervised injection sites across Canada.

### [Talking Points](http://web.b.ebscohost.com/pov/command/detail?vid=13&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03" \l "toc" \o "Talking Points)

* The two supervised injection sites in Vancouver provide drug users with access to detox, counselling and medical services to help treat addiction and mental health issues.
* Research has shown that supervised injection sites save lives and lower hepatitis C and HIV/AIDS infection rates.
* Denying drug users life-saving medical care is unconstitutional.
* Operating a supervised injection site in Toronto would save that city considerable health-care money.

### [Summary](http://web.b.ebscohost.com/pov/command/detail?vid=13&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03#toc)

Proponents of supervised injection sites note that such facilities provide critical health-care services. The Insite supervised injection site in Vancouver, British Columbia, operated thirteen years, and in that time, there have been more than two hundred overdoses in the facility, none of them fatal. In accordance with government directives, including Bill C-2 introduced in 2015, Insite provides drug users in the Downtown Eastside neighbourhood of Vancouver with access to medical supervision, clean rigs, detox programs and mental health and counselling services. The Globe and Mail has reported that in 2010, Insite staff made more than five thousand referrals to other social and health organizations. Statistics from the newly approved Dr. Peter Centre's HIV/AIDS clinic (which has been operating as an unsanctioned supervised injection site since 2002) found that drug users participating in the program showed a decreased viral load compared to HIV/AIDS patients in other parts of the city of Vancouver.

A large body of peer-reviewed research has found that Insite saves lives by preventing overdose deaths and decreasing transmission of hepatitis C and HIV/AIDS. Drs. Thomas Kerr and Julio Montaner wrote an article in the Vancouver Sun ten years after the site opened summarizing the findings of a variety of reports indicating that the facility did not increase crime or perpetuate drug use and that it saved the government money. Proponents also point out that in 2011, after a multi-level court battle over Insite's exemption from the Controlled Drugs and Substances Act, the Supreme Court of Canada ruled that Insite provides life-saving health care and that it would be unconstitutional of the federal government to deny drug users access to that care.

Proponents also argue that supervised injection sites can also save money. Research conducted by St Michael's Hospital in Toronto found that, allowing only for the cost savings of reduced transmission of hepatitis C and HIV/AIDS, the province stood to save almost $10 million by over twenty years by operating a supervised injection site.

### [Ponder This](http://web.b.ebscohost.com/pov/command/detail?vid=13&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03#toc)

* The author has presented the fundamental positions for this perspective in the debate. Outline the strengths and weaknesses of each perspective.
* If asked to begin forming an argument for this position, what sources would you need to build your case? What fundamental information do you need? What opinion leaders in this debate would you look to in solidifying your argument?
* What are the weakest aspects of the position outlined by the author? How might those weaker arguments help you prepare a counterargument?
* What additional Talking Points could you add to support this position?

Counterpoint: Supervised Injection Sites Encourage Acceptance of Illegal Drug Use

**Thesis:**Supervised injection sites have the potential to negatively affect surrounding communities, and Bill C-2 should remain in effect to ensure any new facilities meet stringent conditions to protect families.

[**Talking Points**](http://web.b.ebscohost.com/pov/command/detail?vid=14&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03#toc)

* Parents, community members, law enforcement and other affected parties have a right to a say in whether new supervised injection sites are opened.
* The federal government has no constitutional obligation to facilitate drug use, and according to federal prosecutors, national drug laws do not constitute an unreasonable infringement on a person's freedom.
* Criminal law, under which drug legislation falls, is controlled at the federal level of government.
* Bill C-2 has not prevented new supervised injection sites from being opened but is merely serving its intended purpose of bringing scrutiny to any such proposals.

[**Summary**](http://web.b.ebscohost.com/pov/command/detail?vid=14&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03#toc)

Representatives of the Canadian government, including Health Minister Rona Ambrose, have stated publicly that they are not categorically opposed to supervised injection sites. However, their primary interest is in protecting the people who live in the neighbourhoods where potential new supervised injection sites could be opened. A report from CTV News quotes Ambrose as saying, "The views of concerned parents, community members, leaders and law enforcement must now be sought when groups want to allow addicts to inject dangerous and addictive street drugs in their neighbourhoods."

Some fear that exceptions and exemptions for supervised injection sites risk fragmenting drug laws and enforcement. In its original court case against Insite, the federal government cited issues of jurisdiction and control around the exemption Insite required from the Controlled Drugs and Substances Act. While the provision of health care falls under the purview of the provinces, criminal law -- under which illicit drug law falls -- is in the hands of the federal government. Federal prosecutors Robert Frater and W. Paul Riley wrote in submissions to the Supreme Court of Canada that the federal government should be permitted to keep control on drug policy and that the government is under no obligation to facilitate the use of illegal drugs. The federal government also asserted that a prohibition on use of illicit drugs does not unreasonably infringe upon a person's freedom.

Thus far, new legislation regulating how and when new site may be opened has not impeded provinces from moving forward with new plans. In January 2016 the newly elected Liberal government approved Vancouver's second supervised injection site at the Dr. Peter Centre, a clinic dedicated to caring for HIV/AIDS patients. The new site was found to be acting in accordance with the stringent conditions set forth in Bill C-2, demonstrating that the bill does not categorically deny such sites approval.

[**Ponder This**](http://web.b.ebscohost.com/pov/command/detail?vid=14&sid=ee954236-3e73-40be-857a-1e046d32e87e%40pdc-v-sessmgr03#toc)

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