

RESOLUTION 2**Advocacy on a Public Health, Evidence-Based Approach to Insite, North America's first supervised safer injection site (SIS)**

BE IT RESOLVED, That the Canadian Nurses Association advocate to the federal government to ensure the long-term sustainability of Insite by providing a legal exemption and funding based on peer-reviewed public health evidence.

CARRIED

Background

Supervised safer injection sites have demonstrated harm reduction benefits of value to public health and individual well-being.

It is estimated that there are more than 12,000 injection drug users in Vancouver, and at least one-third of them live in the city's poorest neighbourhood—the Downtown Eastside. The overall mortality rate for injection drug users in the Downtown Eastside is 14 times that of other British Columbia residents. Overdose deaths are common. Infectious disease rates in the Downtown Eastside parallel those of developing countries: 9 out of 10 have Hepatitis C and 3 out of 10 are HIV positive in this population.¹

As an integrated part of Vancouver Coastal Health's continuum of care, Insite opened in the Downtown Eastside in September 2003. It provides a safe, health-focused place where people with addictions can go to inject pre-obtained drugs and connect with health care and addiction services. Insite provides sterile syringes, educational services about safer injecting, and emergency care in the event of an overdose. From April 2004 to March 31, 2006, there were 7,278 unique individuals registered at Insite. During this time period, there were 453 overdoses, but unlike those who overdose alone, none of them resulted in a fatality. There were 6,227 nursing interventions, including 2,055 nursing interventions for abscess care.²

As the first legal, supervised injection site in North America, Insite has been subject to rigorous independent third party research and evaluation by the BC Centre for Excellence in HIV/AIDS. Findings published in peer-reviewed publications demonstrate that Insite has been associated with a range of community and public health benefits without evidence of adverse impacts. Benefits include decreased needle sharing, safer injection practices, decreased public injection drug use, decreased publicly discarded syringes and injection-related litter.³ Insite did not adversely affect community drug use in that it did not hinder stopping injection drug use⁴ or encourage new drug use.⁵ The opening of Insite was actually associated with a 30% increase in detoxification service use and increased rates of long-term addiction treatment initiation.⁶ Insite has not led to an increase in drug-related crime in the neighbourhood.⁷

Despite robust scientific studies that have demonstrated Insite's value, the long term future of Insite is in doubt as it depends on a federal exemption under Section 56 of the *Controlled Drugs and Substance Act*.⁸ In September 2006, Health Minister Tony Clement rejected Health Canada's recommendation that a 3.5 year extension be granted to Insite, in favour of a shorter

extension that will expire December 31, 2007.⁹ Although the benefits of Insite are consistent with evaluations done of other supervised injecting sites in Europe and Australia,¹⁰ Minister Clement's reservations are unsubstantiated by any scientific data.^{11 12} As future supervised safer injection sites are contingent on the success of Vancouver's Insite,¹³ an evidence-based approach to public health is an issue for all Canadians.

Submitted by the Registered Nurses' Association of Ontario

¹ Vancouver Coastal Health (2006). *Saving Lives: Vancouver's Supervised Injection Site*. Vancouver: Author. Accessed from <http://www.vch.ca/sis/>

² Ibid.

³ Wood, E., Tyndall, M., Montaner, J., & Kerr, T. (2006). Summary of Findings from the Evaluation of a Pilot Medically Supervised Safer Injecting Facility. *Canadian Medical Association Journal*. 175(11): 1399-1404.

⁴ Kerr, T., Stoltz, J., Tyndall, M., Li, K. Zhang, R. Montaner, J. & Wood, E. The Impact of a Medically Supervised Safer Injection Facility on Community Drug Use Patterns: A Before and After Study. *British Medical Journal*. 332(7535): 220-222.

⁵ Kerr, T., Tyndall, M., Zhang, R., Lai, C., Montaner, J., & Wood, E. (2007). Circumstances of First Injection Among Illicit Drug Users Accessing a Medically Supervised Safer Injection Facility. *American Journal of Public Health*. May 30, 2007. (in press).

⁶ Wood, E., Tyndall, M., Zhang, R., Montaner, J., & Kerr, T. (2007). Rate of Detoxification Service Use and Its Impact Among a Cohort of Supervised Injecting Facility Users. *Addiction*. 102(6): 916-919.

⁷ Wood, E., Tyndall, M., Lai, C., Montaner, J., & Kerr, T. (2006). Impact of a Medically Supervised Safer Injecting Facility on Drug Dealing and Other Drug-Related Crime. *Substance Abuse Treatment, Prevention, and Policy*. May 8, 2006. 1: 13.

⁸ Garmaise, D. (2006). Supervised Injection Facility Granted Time-Limited Extension. *HIV/AIDS Policy & Law Review*. 11 (2/3): 21-23.

⁹ Wood, et al. *CMAJ*, 1403.

¹⁰ Wood, et al. *CMAJ*, 1403.

¹¹ Mickleburgh, R. (2006). RCMP Takes Heat Over Insite. *Globe and Mail*. December 12, 2006.

¹² Mickleburgh, R. (2007). Study Backs Safe-Injection Site's Work. *Globe and Mail*. May 24, 2007.

¹³ Health Canada (2006). News Release: No New Injection Sites for Addicts Until Questions Answered says Minister Clement. September 1, 2006. Accessed June 4, 2007 at:

http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2006/2006_85_e.html