Supervised Consumption Services – Frequently Asked Questions

This document is intended to assist with communication about supervised consumption services (SCS) for a broad range of audiences, including the general public, elected officials, other service providers, etc.

1. **What is a supervised consumption service (SCS)?**
   A supervised consumption service is a health service that provides a hygienic environment where people can inject/consume pre-obtained illicit drugs under the supervision of trained staff. [1]

   SCSs can be staffed by nurses, counsellors, peer workers and other experienced clinicians who provide supervision, education about safer injecting/consuming practices, overdose prevention and intervention, sterile injection equipment, and medical and counselling services.

   SCSs are often provided as an adjunct to health care and harm reduction services (e.g., supply distribution, testing, immunization, medical care) at locations already working with people who use drugs.

   Supervised consumption services usually have three main goals: [1, 2]
   - Reduce the number of drug overdoses
   - Improve the health of people who use drugs by bringing them into contact with other health, social, and treatment services, and reducing the spread of HIV and Hepatitis B and C
   - Reduce issues in the community, such as drug use in public places and discarded needles.

2. **Are supervised consumption services legal?**
   In Canada, legally sanctioned SCSs operate through an exemption under Section 56 of the Controlled Drugs and Substances Act (CDSA). Exemptions are granted by the federal Minister of Health in situations deemed "necessary for a medical or scientific purpose or is otherwise in the public interest." [3]

   In September 2011, the Supreme Court of Canada issued a ruling, allowing for the continued operation of Canada's first legally-sanctioned SCS (InSite), in Vancouver, and opened the door for future exemption applications under the CDSA. The Supreme Court decision recognized that SCSs decrease the risk of death and disease, with little evidence of any negative impact on public safety, and that the operation of these health services is "in accordance with principles of fundamental justice."

3. **Are there SCSs elsewhere in the world?**

SCSs originated in Europe, with the first facility opening in Switzerland in 1986. [9]There are now over 90 SCSs worldwide, operating in Germany, Luxembourg, The Netherlands, Norway, Spain, Switzerland, and Australia.

Canada has two SCSs, both located in Vancouver. InSite, which opened in 2003, provides SCS to people in the Downtown Eastside neighbourhood. The Dr. Peter Centre, which opened in 2002, provides SCS to patients of this HIV health service. Following Canada's Supreme Court decision supporting the continued operation of InSite, other health organizations in Canada, including Interior Health, are considering implementing SCSs.

4. **Which communities is Interior Health considering for supervised consumption services?**
   Kamloops and Kelowna are the communities Interior Health is currently considering for supervised consumption services. These are the two largest cities in our region and data shows a high number of overdoses (both deaths and recoveries) in these communities.

5. **Is there any research to support SCSs?**
   Over the last two decades there has been considerable research about SCSs and their benefits for individuals and the community. International research on the impact and outcomes of supervised consumption services has found that these services:

   - Are actively utilized by injection drug users, including high-risk individuals
   - Reduce behaviours which cause HIV and Hepatitis C infection, such as the sharing of previously used needles
   - Reduce unsafe injection/consumption practices
   - Increase use of detox and addiction treatment services
   - Reduce public drug use
   - Reduce the amounts of publically discarded injection equipment
   - Do not contribute to more crime
   - Reduce overdose deaths
   - Are cost-effective (reduce costs elsewhere in health care system).

   For a summary of research see Appendix A of the Toronto Drug Strategy toolkit:

6. **Why do we need an SCS if we already have needle distribution programs?**
   Needle distribution programs provide an important range of services and supports for people who use drugs, including sterile drug use supplies, safer drug use education, overdose prevention information, wound care, testing for infections, immunizations, counselling, and referral to other services.

   There is a strong body of research on the effectiveness of needle distribution in preventing infectious diseases such as HIV and hepatitis. While staff in needle distribution programs do provide education about safer injecting/consuming practices and overdose prevention, they do not supervise injections nor are they able to intervene if someone overdoses after they have left the service.

7. **Will an SCS attract more people who use drugs into our community?**

Evidence shows that SCSs do not attract people who use drugs to a neighbourhood. This same research has found that people who inject drugs will only travel short distances (i.e., a few city blocks) to use health services. [9] This is why we are proposing to locate an SCS in an area that already has services for this population.

8. **Will the SCS contribute to more crime in our community?** Supervised consumption services do not contribute to more crime in a neighbourhood. They are established in neighbourhoods where there is a need, usually where drug use is already having an impact on the community and where harm reduction and health-care services are already available for those who use drugs. In the neighbourhood surrounding InSite in Vancouver, there has been no increase in crime since its opening, and there was actually a reported decrease in vehicle break-ins and thefts. [5]

9. **How will the SCS work?**
   Each service may operate slightly differently, but generally speaking, people will arrive at the program with pre-obtained drugs. Each person will be assessed to ensure they are eligible for the program. They will receive sterile injecting equipment and instruction on safer injecting practices. The individual will be supervised by a nurse as they inject/consume their drugs, and the nurse would be available to intervene in any medical emergencies.

   Once the individual has injected/consumed their drugs, they will move on to a "chill out" room where they will continue to be observed for any negative drug reactions. They will also receive information and referrals about other health and social supports and services, either at the existing health service or elsewhere in the community.

10. **Who will be using the service?**
    The majority of people using the SCS will be clients who are already accessing services at the agency offering the service. Because SCSs are designed to serve some of the most marginalized members of our community, this may also mean that the service will connect with people who may not already be using health services in the community.

11. **Why don't you just add more treatment services?**
    A one-size-fits-all approach is not effective in addressing the harms of drug use in our communities. There needs to be a comprehensive range of services to meet a variety of needs. We need harm reduction services to provide health services to people who are actively using drugs, and treatment for people who want to reduce or stop using drugs. One of the outcomes of SCSs is that they connect people to health services, including treatment. Research from InSite in Vancouver found clients who were in contact with the service were more likely to enter addiction treatment services than those who were not. During a one-year period, the SCS referred over 5,000 people to other social and health services, the majority for withdrawal management (detox) and addiction treatment.[4]

12. **Won't the SCS just encourage more drug use?**
    People do not start injecting/consuming drugs because of the availability of supervised consumption services. There is no evidence that SCSs or other harm reduction services promote drug use. SCSs are used primarily by people with a long history of injection drug use. Studies find that the average client of an SCS has been injecting for 16 years. [7] Research has

also demonstrated that SCSs do not cause people to relapse (e.g., to start using drugs after a period of abstinence) or prevent people from stopping drug use altogether. [8]

13. How will the SCS affect property values in our neighbourhood?

There is no research that looks specifically at the correlation between SCSs and property values. However, research examining neighbourhood impacts of addiction and mental health supportive housing programs has found no evidence that these programs have a negative impact on property values. [6]

References:

1. Strike, C., Bayoumi, A., et al. (2012) Toronto and Ottawa Supervised Consumption Assessment Study. http://www.toscastudy.ca/TOSCA_Report_files/TOSCA%20report-web.pdf

2. 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.

3. Controlled Drugs and Substances Act (S.C. 1996, c. 19)

4. Vancouver Coastal Health Supervised Injection Site User Statistics. http://supervisedinjection.vch.ca/research/supporting_research/user_statistics (Accessed on January 18, 2013)

5. Wood E, Tyndall MW, Lai C, Montaner JSG, Kerr T. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. Substance Abuse Treatment, Prevention, and Policy, 2006; 1(1): 13.

6. Government of British Columbia. (2000). Impact of Non-Market Housing on Property Values, http://www.housing.gov.bc.ca/pub/htmldocs/pub_Jan00PropVal.htm

7. Kerr T, Tyndall M, Zhang R, Lai C, Montaner J, Wood E. Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility. American Journal of Public Health, 2007; 97(7): 1228-1230.

8. Kerr T, Stoltz JA, Tyndall M, Li K, Zhang R, Montaner J, Wood E. Impact of a medically supervised safer injection facility on community drug use patterns: A before and after study. British Medical Journal, 2006; 332(7535): 220-222.

9. Canadian Centre on Substance Abuse (2005). Supervised Injection Facilities, FAQs.