



Submission to Health Canada's Consultation to Inform Proposed New Regulations for Supervised Consumption Sites and Services

Introduction

The Canadian Centre on Substance Use and Addiction (CCSA) welcomes the opportunity to provide our submission to the federal government's consultation to inform proposed new regulations for supervised consumption sites and services (SCSs). CCSA recognizes the importance of these services as a key lever in harm reduction efforts, promoting greater public health and safety for people who use drugs and for the communities the sites serve. Given the growing severity of the opioid crisis in Canada and the rise in harms related to methamphetamine use, reforms to enable increased and improved access to a range of life-saving services and supports are urgent.

To inform our feedback and amplify the voices of those who may not be providing their own submissions, CCSA engaged in consultations with key partners and stakeholders, including subject-matter experts with lived and living experience, service providers, researchers and other partners. In addition, an information specialist and research analyst at CCSA reviewed the current literature to gather evidence of best practices for SCSs. Feedback from the consultations and evidence from the literature review have been integrated into our response. A number of themes emerged that support greater flexibility and inclusivity, and systemic adjustments to improve both the application process for SCSs and the ongoing delivery of services that promote public health and safety for people who use drugs.

Question 1: Impacts of supervised consumption sites on people who use drugs, communities, and provinces and territories

Significant evidence to establish the positive impacts of SCSs comes both from the research and from individual SCSs and the lived experience of service users. The benefits of these services are not limited to mitigating harms related to overdose, but address other determinants of health and existing conditions. SCSs often function as critical access points for additional health and social services for marginalized and underserved populations. Those facing the greatest challenges and marginalization benefit from access to SCSs, including youth, people experiencing homelessness, poverty and racialization, people who engage in daily or public injection practices, and those with difficulty accessing addiction treatment (Hadland et al., 2014; Kennedy et al., 2019).

SCSs are based on the principle of harm reduction and occupy a necessary space within a continuum of services to improve clients' well-being from addiction treatment to care for HIV and hepatitis C. Research findings show increased uptake in treatment services as a result of access to SCSs (Kennedy, Karamouzian, & Kerr, 2017). Modelling studies at the SCS Insite in Vancouver



predict that it annually averts between five (Public Health Sudbury & Districts, 2020) and 35 (Andresen & Boyd, 2010) cases of HIV, which translates into significant healthcare savings and, more importantly, improved health outcomes for service users. Evidence supports the role of SCSs in reducing harms related to high-risk substance use, including reduced risk of mortality, when controlling for other determinants of health such as HIV, housing, incarceration and high-risk injection behaviours (Kennedy, Hayashi, Milloy, Wood, & Kerr, 2019).

Much of the Canadian evidence to date is drawn from the experience of service users at Vancouver's Insite, Canada's first legal SCS. In the year following the opening of Insite, there was a 30% increase in the use of detoxification services at three residential facilities in the city (Wood, Tyndall, Zhang, Montaner, & Kerr, 2007). In addition, decreases in overdose deaths in the immediate vicinity of Insite were reported after its opening, as compared to other areas of the city (Marshall, Milloy, Wood, Montaner, & Kerr, 2011). Beyond the Insite experience, feasibility assessments in a number of other jurisdictions have found that those at highest risk of harms are more likely to use a prospective SCS. People at higher risk include women, people who use drugs alone (Mitra et al., 2019), people living in unstable housing, people engaging in public and daily opioid or crystal meth injection (Mitra et al., 2017), people who identify as LGBTQ, and people who require assistance to inject substances (Shaw et al., 2015). However, feedback we have received from partners indicates that these populations remain underserved.

Community support for SCSs is often mixed, as public awareness of service demand and benefits may be limited, and the harm reduction premise of the sites may run counter to general beliefs about treatment and abstinence (Cortina, 2013; Ziegler, Wray, & Luginaah, 2019). The impacts perceived by the wider community are often dependent on acceptance by residents, businesses and police services (European Monitoring Centre for Drugs and Drug Addiction, 2018). Despite concerns, the presence of an SCS has been found to be associated with community benefits that promote public health and safety beyond the increased access to health services and avoidance of overdoses experienced by service users. Greater access to health services and treatment for infectious diseases means a safer community for all and a reduction in public health costs (Hood et al., 2019).

Systematic reviews have also found no increase in injection-related litter associated with SCSs (Kennedy et al., 2017; Potier, Laprévotte, Dubois-Arber, Cottencin, & Rolland, 2014). Instead, an evaluation of select Alberta SCSs found a 48% decrease in the number of needles observed in the vicinity, which was attributed to the needle debris pickup program (Alberta Community Council on HIV, 2019). Evidence also shows no increase in police-reported offences such as possession, trafficking, dealing or property offences (Kennedy et al., 2017; Potier et al., 2014), while the presence of an SCS can result in a reduced the number of people using substances in public (Potier et al., 2014).

Question 2: Federal regulatory barriers and burdens associated with the application process

CCSA conducted consultations with key stakeholders to learn more about the challenges associated with the application process for establishing an SCS. The following sections summarize themes that emerged during this consultation.

Application Process

CCSA heard that application requirements can be a burden for many organizations seeking approval for opening or continued operation of an SCS. Proposals to open and operate an SCS are often led by small, community-based organizations operating in an environment of budgetary constraint and with



minimal human resources. The application process can place undue stress on already limited resources and divert resources away from existing critical functions. Greater streamlining and simplification would improve the application and renewal process for applicants. Supportive programming like the Indigenous Navigator and Licensing Portal, which facilitates licensing for non-medical cannabis, would help to ensure clarity in the process and application requirements.

The existing application requirements may impede organizations and communities from rapidly creating or scaling up services in response to identified need (Kerr, Mitra, Kennedy, & McNeil, 2017). Given the urgency of the opioid crisis and its impact on communities across the country, timeliness in developing services is critical. Owing to administrative barriers and application requirements, among other factors, unsanctioned overdose prevention sites have emerged to meet the growing need for SCSs. At these sites, services are more nimble and can be rapidly established to address unmet needs (Foreman-Mackey, Bayoumi, Miskovic, Kolla, & Strike, 2019; Glauser, 2018; McNeil, Small, Lampkin, Shannon, & Kerr, 2014) and service users report feeling higher levels of comfort.

CCSA heard that existing application and operational requirements may further marginalize the populations SCSs were designed to reach and serve. It is not uncommon for service providers or principal applicants to have lived or living experience with substance use, which can lead to higher rates of criminalization. The requirement for criminal record checks for responsible persons in charge therefore serves as a barrier to those with lived and living experience taking leadership roles.

Community Consultation

Community consultation remains a significant challenge in the application process. As suggested above, community endorsement of SCSs can be impeded by a lack of awareness or familiarity with the evidence surrounding harm reduction (Cortina, 2013; Ziegler et al., 2019). Consultations require a significant amount of capacity, resources and time (Strike, Watson, Kolla, Penn, & Bayoumi, 2015), which are often already stretched in smaller, community-based organizations. Feedback from partners highlighted the challenges with conducting consultations in an effective manner and noted they are an added requirement associated with providing harm reduction services compared to other public health interventions. Applicants could benefit from greater guidance and support, and evidence-based practices for conducting the required community consultations. Although stakeholders recognized the value of community engagement, they remarked that the requirement for it is not present for other public health services, for which evidence of local need and intended health impacts are sufficient justification (Canadian HIV/AIDS Legal Network, 2017).

Jurisdictional Support

The support and endorsement of individual jurisdictions for SCSs was identified as a barrier for SCS operations and sustainability. Funding is typically provided by provincial or municipal governments, and may be hard to obtain if they are not supportive, or it may come with additional service delivery or reporting requirements (Hyshka, Bubela, & Wild, 2013). Lack of recognition of the evidence for harm reduction initiatives and low levels of political support for SCSs in individual jurisdictions can create a barrier to securing funding for continued operation, despite approval at the federal level. Efforts to promote greater funding stability across jurisdictions would improve the continuity of SCSs.

Respondents identified the need for greater clarity to guide applicants, service providers and service users in finding avenues for proceeding with an SCS in the absence of support from their individual jurisdiction. Although it is not mandatory to have supporting documentation from a provincial or territorial health minister to obtain approval, jurisdictional support at both the provincial/territorial and municipal levels can contribute to greater legitimacy and public support within the community.



Question 3: Types of services that should be included in the new regulations and evidence to support the effectiveness of such services

SCSs are well-positioned to provide a range of harm reduction and health supports to people who use drugs. CCSA heard that greater service integration and capacity building within these services is needed to promote improved outcomes, higher uptake of services, including treatment and recovery supports, and provision of tailored services within individual communities and among different populations. We also heard that increased collaboration with mainstream health services and their co-location with SCSs is needed to increase access and uptake in services, and to help normalize harm reduction services as part of the continuum of healthcare responses available within the communities they serve. Possible examples include co-location with Rapid Access to Addiction Medicine clinics for immediate referral to treatment as appropriate, as well as co-location with onsite wound and infection care, counselling services, and basic hygiene and nutrition supports.

Consultations with service users and other key partners identified a number of priority services that should be included in the new regulations. The following sections discuss these services.

Drug-Checking Services

Drug-checking services have been identified as a key component for inclusion under the new regulations. Some evidence suggests that drug-checking can be a beneficial strategy to reduce the risk of opioid overdose by prompting reduced dosing when samples are checked and found to contain fentanyl (Karamouzian et al., 2018). However, the rates by which drug-checking services are used vary by study and location (Karamouzian et al., 2018; Kennedy et al., 2018). Drug-checking may also enable improved monitoring and surveillance of the illegal drug supply (Amlani et al., 2015; Canadian Community Epidemiology Network on Drug Use, 2020).

Peer-Assisted Programming and Injection Services

Both the literature and feedback received from key partners, including persons with lived and living experience, identified peer-assisted programming as integral to services provided at SCSs. Peer-assisted programs provide low-barrier, community-led service networks that support information sharing, engagement of otherwise marginalized people who use drugs and facilitated communication between service users and staff, and can work to influence peer behaviours (Bouchard, Hashimi, Tsai, Lampkin, & Jozaghi, 2018; Kennedy et al., 2019). Peer-led initiatives promote the principle of leadership “by and for” those within the community and can form a critical component of harm reduction strategies. Greater focus should be placed on further developing peer-led models, with commensurate financial support and workplace benefits for peer workers (Kennedy et al., 2019).

In addition to ancillary services, peer-assisted injection services have been identified as a key component to SCSs and the absence of these services acts as a barrier to access for some clients (Small, Ainsworth, Wood, & Kerr, 2011; Small et al., 2011). Consistent with other harm reduction approaches, peer-assisted injection has been found to improve morbidity for those at high-risk (Foreman-Mackey et al., 2019; McNeil et al., 2014, Small et al., 2012). It has filled a gap in services that may have led individuals not able to receive assistance at SCSs to resort to assistance in unsupervised spaces (Small et al., 2012), increasing the risks of negative outcomes, including syringe sharing, HIV infection and overdose. The availability of peer-assisted injection can increase access to safer injection practices, especially for groups of people who use drugs, but have difficulty injecting themselves, including women, youth and people with disabilities (Foreman-Mackey et al., 2019; Gagnon, 2017; Ottawa Inner City Health, 2018).



Gender-Specific Services

Female-identified service users face specific barriers to accessing supports, including those at SCSs. The discrimination, stigma and violence they experience in their social and physical environments can extend to SCSs. Evidence suggests that their access to SCSs can be compromised due to the threat of solicitation for sex, fear of child apprehension and violence (Boyd et al., 2018). This is particularly true for women with intersecting identities, including those who are gender diverse, racialized, engaged in sex work or have lower income, and those who are pregnant or parenting (Boyd et al., 2020). Gender-specific supports are needed to limit the negative impacts associated with accessing SCSs and help female-identified service users achieve social and emotional well-being in addition to the other health benefits associated with SCS use.

Supervised Inhalation Services

At-risk populations in need of support from SCSs are not limited to people who inject drugs. Other routes of substance administration pose significant risks to health and safety and require similar supports. Increasingly, synthetic opioids are being detected in substances that individuals tend to inhale, such as crack cocaine and methamphetamines (DeBeck et al., 2011; DeVillano, de Groh, Morrison, & Do, 2019). The lack of spaces for consuming substances through other routes of administration than injection perpetuates existing discrimination and inequities by turning away those who have different drug preferences or who have transitioned from injection to inhalation (Bourque, Pijl, Mason, Manning, & Motz, 2019). Feedback from partners also highlights racial issues, as smoking is more prevalent in certain racialized communities and lack of spaces for smoking has a disproportionately negative impact on these communities.

Evidence supports the demand and readiness to develop more supervised inhalation services, although further research is needed to support their efficacy given limited implementation to date. The first sanctioned SCS offering supervised inhalation services was opened in Lethbridge, Alberta, in 2018 to promote equitable access to a safe consumption space for all people who use drugs (Bourque et al., 2019). Both the Lethbridge site and an overdose prevention site opened in Surrey, British Columbia, that provides smoking supports, have consistently been in high demand (Bourque et al., 2019; Patterson et al., 2018). From a public health and safety perspective, these services have been found to reduce interactions with law enforcement, as those who inhale substances in public and have frequent encounters with police were more likely to use supervised inhalation facilities (Debeck et al., 2011; Shannon et al., 2006).

Additional Services

The consultations identified additional service needs and supports including:

- Access to safe supply
- Primary care services, including wound care and HIV services
- Pathways to treatment services
- Safer sex supports
- Health and social service navigation expertise, including housing supports and respite services
- Grief and trauma counselling
- Personal exemptions to facilitate community-based and satellite service provision



Conclusion

As Canada witnesses a worsening opioid epidemic, greater availability of a range of evidence-based and life-saving health services is urgent. Harm reduction measures such as SCSs designed to “meet people where they’re at” can greatly reduce drug-related harms and mortality, often among the most marginalized. Improved service integration, flexibility in services offered and streamlined application processes can contribute to improved outcomes and service provision across the country. An additional key message CCSA heard during dialogue with stakeholders is that there is a continued need to prioritize initiatives to reduce stigma and discrimination in all settings and sectors.

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