

***A crisis of injection drug use, HIV/AIDS, hepatitis C, and overdoses:  
New report calls for trials of safe injection sites***

**SPEAKING NOTES**

**Press Conference, 11 April 2002, 10:30am  
Charles Lynch Press Room, Ottawa**

**Ralf Jürgens**

*Executive Director, Canadian HIV/AIDS Legal Network*

Canada is in the midst of a public health crisis concerning HIV/AIDS, hepatitis C, and injection drug use. In 1999, 34 percent of the estimated 4,190 new HIV infections were among injection drug users. Over 60 percent of the approximately 4,000 new hepatitis C infections each year are related to injection drug use. The number of deaths from drug overdose is equally alarming. In British Columbia alone, more than 2,000 illicit drug overdose deaths have occurred since 1992, and overdoses have been the leading cause of death among people aged 30 to 49 in the province for five years in a row.

Our governments' response to this crisis has been far from concerted and effective. Today, after 12 months of work and extensive consultations involving experts from across Canada and internationally, the Canadian HIV/AIDS Legal Network is releasing *Establishing Safe Injection Facilities in Canada: Legal and Ethical Issues*, a report with six recommendations for immediate government action. The report concludes that Canada has a legal and moral obligation to allow for and fund trials of safe injection facilities as part of an overall strategy to more effectively respond to harms related to drug use.

Safe injection facilities are successfully in operation in several countries in Europe and in Australia. The available evidence suggests that safe injection facilities can produce significant benefits for both drug users and the general community.

Safe injection facilities are not to be confused with unsanctioned "shooting galleries" where illicit drugs are bought, sold and consumed, often in unsafe and unhygienic conditions. Staff working at a safe injection facility do not provide drugs to users, nor do they help to administer drugs. Instead, facilities provide free sterile injection equipment and a relatively safe place to inject. Safety for users is not guaranteed, but it is heightened compared with street-based injection or injecting alone with no access to health services.

Clearly, safe injection facilities are not the only answer to the complex problems associated with drug use. Many other recommendations have been made by the Canadian HIV/AIDS Legal Network in its 1999 report on *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*. But it is certainly unacceptable that serious yet preventable harms such as HIV infection, hepatitis C infection, and overdosing continue to befall injection drug users at alarming rates. In the face of a significant health crisis affecting both people who use drugs and the wider community, Canada cannot sit by.

We cannot refuse to implement trials of safe injection facilities and other reasonable harm reduction measures demonstrated to have been effective in other countries.

Our analysis of legal and ethical issues related to the establishment of safe injection facilities shows that, at the very least, Canada must establish trial facilities and evaluate them. Logic, compassion, and basic decency require us to act.

Therefore, the report we release today includes six recommendations for immediate government action:

- . First, the federal government should update Canada's Drug Strategy to explicitly support trials of safe injection facilities;
- . Second, the federal government should create a regulatory framework under the *Controlled Drugs and Substances Act* (CDSA) to govern safe injection facilities so as to eliminate the risk of criminal or civil liability for operating such facilities;
- . Third, this framework should allow for broad access to safe injection facilities by all drug users who need them, outline the activities and services permitted on the premises, and establish administrative requirements to ensure the facilities' safe and effective operations;
- . Fourth, in the interim, until such a framework is in place, the federal Minister of Health should grant ministerial exemptions from the application of provisions of the *Controlled Drugs and Substances Act* so that safe injection facilities can operate on a trial basis;
- . Fifth, Health Canada should fund the implementation of a multi-site scientific research trial of safe injection facilities; and
- . Sixth, federal, provincial/territorial, and municipal officials need to collaborate to ensure that trials of safe injection facilities may occur as quickly as possible.

We cannot continue to close our eyes to the staggering amount of avoidable disease and death resulting not just from injection drug use but also from government failure to put a comprehensive prevention and treatment strategy in place. We cannot afford further inaction. Implementing the recommendations in the Legal Network's report must become an urgent priority.

#### Acknowledgments

I would like to thank the many people who have contributed to the Report, as well as Health Canada for funding it under the Canadian Strategy on HIV/AIDS.

**Benedikt Fischer**

*Assistant Professor, Department of Public Health Sciences and Centre of Criminology,  
University of Toronto*

Over the past decade, the social and individual harms and costs from injection drug use have risen to dramatic levels in Canada. Some of the key problems include: hundreds of overdose deaths, thousands of new cases of blood-borne virus infections, as well as widespread drug-related crime and public order problems each year. These factors are all posing a massive negative burden on public health and safety, especially in Canadian cities.

Despite a progressive rhetoric and some improvements in the treatment sector, public policy efforts have done very little to effectively tackle these problems. The availability, accessibility and effectiveness of prevention and treatment programs across Canada are very limited. The main vehicle of drug policy in Canada is still law enforcement – although every day there is evidence in Canada that arrests do not prevent addiction, overdose deaths or infectious disease transmission, but that prohibition rather contributes to the expansion of black markets, pressures drug users to fund their addictive habits through crime, and negatively affects their health through infection risks, the dependence on contaminated substances, stress and stigma.

Over the past decades, when faced with similar crises in their cities related to injection drug use, numerous European countries have implemented a range of substantive measures to deal with injection drug use as primarily a public health rather than a criminal issue. This meant, in principle, the substantial expansion and diversification of treatment programs, the re-orientation of enforcement from drug users to traffickers and sellers, but also the establishment of pragmatic and user-oriented health measures for those users who are not yet reached by the treatment system and continue to be dependent on illicit substances.

One key element in these efforts are “safer injection facilities,” which now exist in about five European countries and Australia. These facilities provide illicit drug users with protected spaces in which they can inject their drugs with clean injection equipment, in a clean environment, under de-stressed conditions and with the care of medical personnel if needed. While these facilities were initially run under illegal or semi-legal conditions, Switzerland, Germany and the Netherlands by now have all provided explicit legal or regulatory frameworks allowing for the operation of such facilities.

Safer injection facilities offer objectives and prospects of benefits on multiple levels. They can help to prevent death and infectious disease transmission among drug users. In addition, they aim at bringing drug users in contact with health and treatment services and at reducing order and nuisance problems for the public at large, in that they take injection drug use away from the streets and public places.

To date, very little systematic research has been conducted on safer injection facilities. However, the sporadic research that exists suggests that these facilities have substantial benefit potential, and an ongoing Australian research pilot project will soon provide more systematic data for that specific context.

In light of the current desperate situation of harms and costs related to injection drug use in Canada and the tentatively positive indicators for safer injection facilities from other countries, the various levels of governments should allow for the systematic examination of the value and benefits of safer injection facilities in Canada. This requires the legal framework and operational funds for a scientific pilot trial of safer injection facilities. Rigorous and independent evaluation of the pilot trial will allow health researchers to determine the effectiveness of such facilities in Canada, within the framework of a comprehensive public health based drug strategy.

Injection drug use is at the core of a major public and urban health crisis across Canada. We have nothing to lose and everything to gain from a trial of safer injection facilities, which has the potential to save lives, prevent disease, contribute to safer streets, and save costs.

**Ann Livingston**

*Project Coordinator, Vancouver Area Network of Drug Users, Vancouver*

In Vancouver's downtown eastside, where I live and work, a human tragedy is unfolding. I have lived in the neighborhood for nine years and have made a commitment to help stop the unnecessary deaths of my neighbours and friends.

In 1994, BC's provincial coroner Vince Cain released a report that documented the epidemic of heroin overdose deaths in Vancouver. Following the release of this report he called for the establishment of safe injection facilities. I started out optimistic, believing that this simple, humane, cost effective, and well-studied measure would soon be implemented. After many years and several reports later, I stand here today almost mute with grief and anger, as action has not been taken. I remain a witness to the ongoing suffering and death among my friends and neighbours.

The numbers make me numb, as I know that every person infected or dead is or was a person worthy of life, and that many of these people have or had children. Most Canadians cannot imagine the conditions in which people who use illicit drugs live. Most become ill and die. Those who live demand interventions such as the safe injection sites proposed by the Canadian HIV/AIDS Legal Network today.

In the Downtown Eastside in Vancouver, there are 5,000 people who use illicit drugs living in vermin infested, windowless rooms. Twenty people are often forced to share one bathroom, and most have no cooking facilities. In 1997, Vancouver recorded the highest increase of HIV infection ever observed in the developed world. Since that time, over 90% of the people who use drugs have become hepatitis C positive. As well, more than 2000 people have died of illicit drug overdoses since 1992, many of whom were found alone in their squalid hotel rooms.

On the sidewalks and in the alleys of my neighborhood are hundreds of people injecting and smoking drugs day and night. Safe injection facilities are desperately needed in Vancouver, perhaps more urgently than anywhere else in the world.

And why should the rest of Canada care? Aren't these people bringing this on themselves? Research shows that most of these people have endured severe abuse as children, grown up in poverty, and been exposed to substance use during childhood. They deserve as much care as any other Canadian, if not more. These people have families who care for them, and they often return from my neighbourhood to their communities, bringing their HIV and hepatitis with them.

Who is dying? In my neighborhood half the people who overdose are Aboriginal, and Aboriginal people are twice as likely to become infected with HIV than their non-aboriginal peers.

There are many levels of government and individual leaders who have failed to implement life-saving public health interventions such as safe injection sites. The public can and should demand safe injection sites.

All people, no matter how criminalized and hated, deserve a chance to live, and a chance to make a better life for themselves.