

Supervised Injection Sites

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Supervised injection sites provide a space for individuals, under medical supervision, to safely inject pre-obtained drugs with the use of clean sterile supplies as well as the ability to access health and social services and supports, without requiring abstinence from drug use.¹

Background

In 2003, after receiving exemption from section 56 of the *Controlled Drugs and Substances Act* (CDSA) by the Federal Government, Insite, located on the Downtown Eastside of Vancouver, became the first legal supervised injection site to operate in North America. The opening of Insite was a community response to the increasingly high death rates related to overdose, as well as HIV and Hepatitis C infections.

Since opening, Insite has faced considerable challenges by the Federal Government, such as their refusal in continuing to grant exemption under the CDSA, which was subsequently [challenged before the Supreme Court of Canada in 2011](#). The Court ruled that the Federal Government's failure to allow Insite to continue operating violated section 7 of the Canadian Charter of Rights and Freedoms. It was unanimously agreed that Insite continue to be granted exemption under the CDSA, as closure would deny injection users necessary healthcare services and pose a threat to their health and lives. The Federal Government continued to lobby against safe injection sites as evidenced by the passing of Bill C-2 (formerly Bill C-65), the [Respect for Communities Act](#), which set rigorous criteria making it difficult for communities to establish new supervised injection sites.

With alarming numbers of fentanyl overdoses and deaths in the past few months in B.C. and across Canada, the need for supervised injection sites continues to grow.²⁻³ Any harm reduction strategy that saves lives and reduces risk must be considered, particularly at a time when deaths and overdoses are at near epidemic levels. Insite has been instrumental in reversing a substantial number of overdoses and there is considerable evidence that supports its value and effectiveness in improving and saving lives.

The current Liberal Government has been supportive of harm reduction programs and services such as supervised injections sites. With increased receptivity, there is tremendous potential for nursing in B.C. to help move this agenda forward.

Key Messages:

- Harm reduction values are consistent with the Canadian Nurses Association (CNA) code of ethics, as well as the College of Registered Nurses of British Columbia's (CRNBC) professional standards.⁴

1 Vancouver Coastal Health. (2015). [Insite-Supervised Injection Site](#).

2 CBC News | [Victoria overdose deaths renew call for supervised injection site](#)

3 CBC News | [Fentanyl overdoses: Why a safe injection site is an election issue](#)

4 Lightfoot, B., Panessa, C., Hayden, S., Thumath, M., Goldstone, I., & Pauly, B. (2009). *Gaining Insite: Harm reduction in nursing practice*. *Canadian Nurse*, 105(4), 16-22.



Issues Brief

- Nurses care for individuals who suffer the impacts of substance abuse every day, and understand that all clients have the right to access needed health and social services.
- Nursing in Canada has a history of taking a strong stance in favour of harm reduction services, as was made evident when the Canadian Nurses Association (CNA), Registered Nurses of Association of Ontario (RNAO,) and ARNBC were interveners in the Supreme Court hearing on Insite in 2011.
- There is [substantial evidence](#) that proves that supervised injection sites do not increase drug use or crime. Supervised injection sites saves lives, decrease transmission of blood-borne viruses (i.e.: HIV and HCV), reverse overdoses, facilitates access to health and social services and reduces costs of the entire healthcare system.
- Scientific evidence, rather than ideology, must be used when creating legislation regarding supervised injection sites.
- Bill C-2 fails to emphasize access to health services, but rather emphasizes “expressions of community support or opposition”, leading to decisions being made based on feelings and perceptions rather than evidence.⁵
- Legislation such as Bill-C2 creates significant barriers in establishing new supervised injection sites, despite the overwhelming evidence of its positive impacts, and will deny vulnerable Canadians the ability to access health and social services that will significantly improve and save lives.

Questions for Nurses

1. With a new Government, there has been greater receptivity in harm reduction services, such as supervised injection sites. What can nurses do to further this discussion with Government?
2. What ideas do you have for ARNBC when engaging in advocacy related to harm reduction?
3. How can ARNBC further support nurses who are interested in harm reduction and what opportunities would you like ARNBC to consider?

Further Reading

- Canadian Nurses Association. (2013). [Legislation to Amend the Controlled Drugs and Substances Act to Allow Exemptions for Supervised Injection Services: Brief for Parliament](#)
- Globe and Mail: [Bill C-2 Could impede harm-reduction sites, advocates say](#)
- [CNA'S letter to Prime Minister Stephen Harper in 2013](#)
- [BCNU harm reduction position statement](#)
- ARNBC blog: [What did it take to get insite?](#)

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⁵ Canadian Nurses Association. (2013). [Legislation to Amend the Controlled Drugs and Substances Act to Allow Exemptions for Supervised Injection Services: Brief for Parliament](#).

