



Discussion Forum: Supervised Injection Site Evaluative Research

Forum Summary Report

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Canadian Centre on Substance Abuse

75 Albert Street, Suite 300

Ottawa, ON K1P 5E7

tel.: 613-235-4048 | fax: 613-235-8101 | www.ccsa.ca

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1.0 Forum Background

1.1 Context

In 2002, CCSA worked with Health Canada to establish guidelines for the application of the Section 56 exemption to a supervised injection site research project (Insite). In 2007–2008, CCSA was part of the Federal Coordinating Committee overseeing an examination of research into the question of whether to extend that exemption. In order to continue its role in promoting discussion around the issue of supervised injection facilities in Canada, CCSA facilitated a forum in November 2008.

1.2 Purpose

Despite the wealth of research conducted to date, questions continue to arise regarding aspects of Insite's operations and impact, the level of evidence deemed sufficient to support various courses of action, and the next steps and longer-term plans necessary to best meet the needs of the target population. The November 2008 forum was held to bring together some of the key researchers involved in various aspects of Insite's evaluation and operation for an honest, open discussion to clarify and guide future action and debate.

Forum participants were provided with the following questions in advance to prompt thinking and discussion¹:

1. What are the positive aspects of having a place where injecting can be supervised—from the user's perspective and from the provider's perspective?
2. Is the ability to inject drugs the primary incentive for client attendance at Insite?
3. Are there other incentives available that would have a comparable or greater draw among the same target group?
4. What other services that are not currently available or adequate should be offered, either through Insite or at the community level, in order to better serve the needs of the target group? How can we move forward in putting these services in place?
5. Insite's Section 56 exemption was initially granted in the context of a pilot program. At what point does a pilot program have sufficient weight to change policy and/or law?

¹ These questions were not strictly adhered to during discussion, therefore not all are explicitly addressed in the following summary.

6. What is the extent of evidence required to warrant approaching international bodies about changing existing conventions?

2.0 Summary of Discussion

The purpose of this document is to provide a summary of the discussions held during the forum. The summary reflects the collective input of all members of the group; as such, no single aspect of the discussion should be attributed to an individual participant nor imply consensus on particular statements, unless indicated.

2.1 State of Evidence

Numerous peer-reviewed research reports and a federally commissioned review of existing research have discussed a wide range of findings on the impact and operations of Insite. The key question that continues to be debated in various political, research, and public forums is whether or not the research to date is 'enough' to warrant Insite's continuation, and if not, what other information is needed.

During the forum's proceedings it was stated that Insite is being held to a higher level of public, media, and political scrutiny and faces a higher burden of evidence than other public health interventions. This increased scrutiny focuses on the fact that Insite's distinguishing feature is that it permits the use of an illicit substance within the facility. This raises the question of whether or not a higher burden of proof is required to determine the continuation or expansion of an intervention that encompasses illegal activity. The argument that counters this point is that the intervention is focused on public health rather than on the illegal nature of drug use, and it should consequently be evaluated as a public health initiative subject to the corresponding evidentiary requirements.

2.1.1 Insite's Unique Features

An evaluation of Insite's impact requires proper balancing of the *unique contribution* of allowing individuals to inject on-site with the *overall contribution* made by the accompanying services and supports available at the facility. Although permissible on-site injection is what sets Insite apart from other interventions, it was stated that this cannot be separated from the other features of the facility. While these features may be offered elsewhere, their interaction with permitted on-site injection forms part of the overall intervention and therefore contributes to the overall outcomes.

The group discussed the unique contributions of Insite versus the contributions made by interventions that target similar behaviours and populations such as needle-exchange programs and ACT or outreach teams². Although needle-exchange and distribution programs distribute sterile equipment, Insite provides medical supervision of injections and immediate intervention in case of overdose. Insite's regulations and supervision also ensure that no equipment is shared or re-used. Because Insite staff are able to observe injections they are able to instruct clients in lower-risk techniques, and to proactively identify and provide medical care for soft-tissue injuries and infections that may otherwise not be revealed to street outreach nurses (and which thus could reach a crisis point before medical attention in the form of more costly emergency room use is sought). Similar to Insite, ACT Teams are able to provide a comprehensive range of services to hard-to-engage clients; however, such teams are much more resource-intensive and therefore can only serve a much lower portion of the population. Finally, although street outreach teams may be able to provide some supervision and intervention in public injections, Insite actually takes a portion of these injections off the street and into a safe environment—reducing public disorder and promoting public health.

2.1.2 Primary and Secondary Research Questions

The primary objectives of Insite are:

- Reduced public injection drug use and the unsafe disposal of syringes in public spaces.
- Reduced morbidity and mortality associated with injection drug-related overdose.
- Reduced infectious disease risks associated with injection drug use.
- Improved access to health services (including addiction treatment) for people who use injection drugs.

The initial research designed to evaluate Insite reflected these goals. The point was made that the research conducted to date has demonstrated proof of principle: Insite is providing a service in which high-risk, hard-to-reach clients are injecting in the lowest-risk manner possible, and in which morbidity and mortality are reduced via immediate access to health care interventions.

² An Assertive Community Treatment (ACT) Team is a multi-disciplinary team that works with high-need clients to meet a range of mental health, addictions, housing, and social assistance needs. These teams can be centrally located in a community office or be outreach-oriented where the team goes to the client rather than the client going to the team.

As scrutiny and discussion about the role and future of Insite have intensified, research has adapted to address a broader range of questions and expectations. Although investigating these secondary benefits is valid, it should not be the means through which Insite's success or failure is determined. The group discussed the fact that conducting research into second-order questions poses a risk of distracting from Insite's primary public health purpose. For example, second-order research may investigate whether or not Insite is the best program to engage the target population in treatment referrals. If the research found that needle-exchange or outreach programs result in a higher rate of referrals, it could be interpreted as presenting Insite as a failed initiative when in fact any treatment referrals are secondary benefits, given that Insite's primary function is to reduce injection risk, not to conduct clients to treatment—let alone to be the 'best program' to conduct clients to treatment.

Many secondary benefits associated with Insite are difficult to quantify and have therefore been subject to increased scrutiny in regards to methodology. Self-report and anecdotal data, for example, have been criticized. However, there is agreement in the research community that these data can be reliable when collected according to sound methodology, and the results published to date have stood up to peer review. Anecdotal data also contribute to a better understanding of the processes through which quantitative results are produced. An example was provided of Insite reducing the risk of public injection and overdose by attracting clients who are in a vulnerable state and have nowhere else to go (for example, recently released from prison).

Other secondary benefits³ of Insite supported in research conducted to date include increased levels of treatment uptake and decreased frequencies of use. While acknowledging the value of treatment and service contacts, the group discussed the validity of using treatment referral as an indicator of success, given the high rate of relapse and entrenched patterns of use associated with Insite's target population. In addition, treatment referrals, uptake, and success are dependent on the services available in the community. To more accurately assess Insite's role in treatment, a comprehensive picture of the services and supports available to clients would be useful. The group also acknowledged that although the treatment system is not currently adequate in meeting the needs of Insite clientele, it is expanding, and system investments in treatment services are being promoted at several levels. The

³ Improved access to health and social services—including treatment services—is one of the primary objectives of Insite. The point made here, however, is that while Insite can provide referrals, outcomes such as decreased use and abstinence are items beyond the initial scope of Insite's services. These are therefore discussed as secondary rather than primary benefits.

group noted that the role and benefits of Onsite⁴ are a particularly promising area for future research.

The group also discussed the potential utility of examining additional second-order research questions regarding the cost-benefit efficiencies of Insite. Given current concerns for economic responsibility and return on investment, additional information on Insite's potential savings to the health and social service systems are particularly relevant. An upcoming paper on emergency service use pre-and post-Insite may be relevant in indicating potential savings through decreased emergency costs.

Forum participants debated whether or not the impact on criminal activity should be further investigated as a second-order research question, given that some criminal activity is inherently associated with illicit drug use. Some concern was expressed that the question again takes the focus away from the public health aspect. In addition, data limitations may prevent conclusive findings, although relevant information has been captured in the current cohort data that can be examined for potential use.

2.2 Communications

The point was made that the major issue facing Insite is not research evidence substantiating the primary research questions but the knowledge exchange and messaging being used to communicate the evidence that exists. Insite is a public health intervention initiated as a pilot study with limited capacity. However, it is often discussed as a treatment or public disorder intervention. Information disseminated on the initiative was relatively balanced for the first five years of operation; however, as researchers continue to be pressed on their results, frustration has been building.

To ensure that discussion on Insite reflects realistic expectations, messaging should highlight the facility's primary purpose and capacity. Messaging should also contextualize Insite's role within the larger continuum of public health and social services in the community. The realistic timelines and expectations of longitudinal data need to be communicated in response to the question of research deadlines.

2.2.1 Current Perspectives

Most people obtain their knowledge about Insite through the media, and the point was made that a great deal of information presented in the media is presented in an antagonistic manner. The citing of Insite during the 2007 Federal election campaign

⁴ Onsite is a facility offering non-medical detoxification and transitional housing located directly above Insite.

was raised as an example that not only portrayed Insite in a negative manner but also entrenched this position beyond the point where a shift toward accepting positive research results was politically feasible. The group noted that many members of the public who do not currently support the facility *would* if their understanding was more complete. The public in British Columbia, for example, is largely supportive of the facility due to extensive public education leading up to its implementation. Conversely, many of those who are outspoken against Insite are not likely to be convinced of its merits through additional research, no matter how rigorous the methodology or conclusive the results.

2.2.2 Promoting Dialogue

The group suggested that CCSA can play a useful role in promoting public education and accurate messaging regarding Insite. Discussion took place on the potential for CCSA to issue a statement confirming that ‘proof of principle’ on Insite has been delivered.

In light of the fact that many Canadians base their opinions of Insite on media reports, the group discussed the potential to engage media representatives—for example, editorial boards and health columnists—in a dialogue. This dialogue would be intended to provide the media with accurate information on Insite and relevant research initiatives and to promote balance and accountability in stories published.

2.3 Concerns with Insite

- The group discussed a range of concerns identified by those critical of Insite. One issue voiced by those in enforcement is the fact that individuals who use Insite commit crime in order to engage in drug use. Because Insite does not address clients’ criminal activities, some have interpreted the facility as enabling or condoning these pursuits. The point was made that although the possession and acquisition of illicit drugs involves criminal behaviour, Insite itself does not promote more crime or condone any crime committed in order to obtain the substances being injected. The association between attendance at Insite and decreased rates of crime has not been directly investigated and is a potential area for future inquiry.
- Critics of Insite have also expressed concern that the facility—and in particular, the presence of medical staff in case of overdose—not only condones use but also encourages the use of higher doses. The point was made that Insite does not promote or condone use but accepts the reality of use patterns in the community and provides a public health intervention to decrease the associated health and social costs. Research conducted to date does not support the hypothesis that clients are more likely to inject higher doses at the facility.

- Concern has also been expressed about the amount of resources dedicated to Insite's operation. Effective communication is once again needed to clarify that Insite does not take place at the cost of other interventions. The forum group discussed the potential benefit of a presentation of Insite's operating costs in the context of other interventions being offered in the community, as well as clarification of where funding to cover those operating costs comes from.
- Finally, the point was made that even the most conclusive evidence won't convince everyone. Even methadone maintenance treatment—the most well-researched and effective intervention for opiate use—still has detractors who express both moral and research-related concerns.

2.4 Legal Issues

2.4.1 Current Court Cases

- The group expressed some concern that with the ongoing court cases, Canada is in a situation where the legal system is defining health policy. A similar situation has already been faced with the role of the courts in establishing access to medicinal marijuana.
- The current ruling of the BC Superior Court states that closure of the facility cannot be arbitrary. If the ruling stands through the appeal process, the *Controlled Drugs and Substances Act* will need to be changed to remove the 'arbitrary' process of granting, continuing, and revoking Section 56 exemptions for supervised injection facilities. Irrespective of the court claim, the group noted that CCSA could play a role in defining the criteria required to satisfy the issuance of a Section 56 exemption.
- The point was made, however, that the current ruling links the issue to the Vancouver context—leaving the question of expansion to other jurisdictions unaddressed. Looking ahead to possible expansion was identified as important, given that the constitutional question of equitable access may also arise at a later date should the current process be limited to Vancouver. It was discussed that focusing on the implementation of Insite as a response to a public health crisis may result in the appropriation of supervised injection facilities in other cities that do not have the same level of public injection as Vancouver, but that still might benefit from an impact on injection-related morbidity and mortality.
- The legal questions surrounding the jurisdictional authorities involved in the operation of Insite are now in the hands of the court for determination. It was noted that the group should, however, consider the full range of possible outcomes—including appeals continuing to the Supreme Court level.

2.4.2 Evidence of Public Health Benefit

Public health benefits may also provide justification for a medical exemption to the CDSA under Section 56. In addition, as reflected in the court cases filed in BC, once evidence exists that an intervention has a public health benefit, the issue becomes the jurisdiction of the provinces and territories. This shift in jurisdiction does not resolve the debate but moves it to another level for which a solid evidence base is still required. The point was made that Insite should be held to the same level of evidence applied to other public health interventions. That level of evidence should also be applied to all treatment and prevention interventions targeting illicit drug use in order to ensure that resources are being directed toward evidence-based practices.

2.5 Summary: Moving Ahead

To move discussion forward, there must be consensus that the primary questions have been answered, proof of principle has been delivered, and further research to examine secondary questions and establish best practices is supported. Specific areas of inquiry include exploration of alternative delivery models and development of criteria and operating guidelines for possible future initiatives. The forum group agreed that any future initiatives should be accompanied by evaluation and epidemiological studies to monitor impact and contribute to the knowledge base. All future research should also be guided by testable and clearly communicated hypotheses.

The group acknowledged that there are still some areas of disagreement in public, media, and political arenas in terms of the research conducted and conclusions drawn regarding Insite to date. However, the point was made that there is currently enough evidence supporting the intervention to justify moving forward. Evidentiary standards exist for evaluating public health initiatives, and the group agreed that these should be applied to Insite by a neutral body as a conclusive test of Insite's public health impacts.

The point was also made that the issue of supervised injection sites should be examined distinctly from other drug use and policy issues such as heroin maintenance and medicinal marijuana in order to allow each issue to be resolved on its own merit.

3.0 Next Steps

In preparation for this forum discussion, CCSA assembled an annotated bibliography to provide to participants as a reference. CCSA will revise this bibliography to reflect peer-reviewed literature published on supervised injection sites and will make it available as a research resource. CCSA will also monitor new research and update

the document as appropriate. The group also discussed the possibility of including a section or accompanying document recognizing the grey literature⁵ published on the topic.

It was agreed that:

- CCSA will look into commissioning a review by a neutral public health review body of the peer-reviewed Canadian research on Insite published to date.
- CCSA will provide this body with international, peer-reviewed publications for context only given the different social, legislative, and operational frameworks reflected at the international level.
- CCSA will issue a statement based on the outcome of this review and communicate the review's findings. As part of this communication, every effort will be made by CCSA and experts in the field to ensure that there is an accurate representation in the media of the evidence on Insite as well as its purpose and capacity.
- CCSA will work to open a dialogue with the government toward the development of a legislative framework that would provide clear criteria for the operation of supervised injection sites in Canada.
- CCSA will also work with meeting participants and other experts in the field to develop a summary of conditions and guidelines to consider should the expansion of supervised injection sites in Canada be deemed warranted.

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⁵ Grey literature refers to work that has been released outside the standard academic research process and includes, for example, government documents, academic theses, or scientific reports