Opening Statement Bill C-2 Hearings
Public Safety and National Security Committee
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Thank you for inviting me to speak to this committee today on such an important issue for Canadians – especially those experiencing severe addiction and mental health issues. In our accompanying brief, which is a collaboration with the Canadian HIV AIDS Legal Network, we outline many of the benefits of supervised consumption services around the world, and our concerns with Bill C-2 as it is currently drafted.

As others who have appeared before this committee have noted, the services that Bill C-2 is focused on are evidence-based, have been around for close to 30 years in various jurisdictions, and are a part of a comprehensive approach to developing systems of care for people with severe addictions at the margins of society.

I have worked in the field of drug policy for 20 years and over that time have participated in a broad public discussion in Vancouver and indeed across Canada about building a more effective response to drug problems in our country. As a City of Vancouver employee for 22 years – ten of those working as the City's Drug Policy Coordinator – I know only

too well the challenges for municipalities and local health authorities attempting to do the right thing: to put in place a comprehensive system of care for people with drug problems in the community. This includes drug treatment facilities, detox units, scaling up methadone programs, supportive housing projects for people with addictions and mental health issues, needle exchange projects, other types of social development programs and, yes, supervised consumption services. Because of the stigma of illegal drug use, each one these services is a challenge for municipalities and health authorities to implement at the local level. Getting these services up and running, and providing much needed help to people who need them requires a great deal of time, energy, commitment and resources. I can assure you that there is a great deal of public process at the local level to establish and administer any of the services I have mentioned.

Bill C-2 will add an extremely onerous, additional layer of undue diligence on local service deliverers. This will most certainly have the effect of preventing the scaling up of supervised consumption services across the country where they may be needed. The 26 different pieces of information required before an application can even be considered is not a precondition for any other type of health service. At the very least

Bill C-2 will cause a significant delay for communities that want to respond to the urgent realities of the unregulated illegal drug scene in a timely manner. An example of this urgency is the recent spate of overdoses due to fentanyl in Vancouver where the Vancouver Police, in their role as public safety guardians, urged people to use Insite to prevent overdose deaths. There were 31 overdoses at Insite over Thanksgiving weekend, and none were fatal. Currently, no other police force or community has access to this public safety tool.

We are very sorry that this legislation is only coming before the Public Safety and National Security Committee, and not the Standing Committee on Health as well. Problematic drug use requires balanced response that addresses both public health and public order. So this committee, with its focus exclusively on safety and security, does not seem an adequate venue to consider the complexity of the health and social issues engaged by supervised consumption services. After all, the primary purpose of these kinds of services is to intervene in urgent public health contexts where vulnerable citizens are at high risk of serious and sometimes deadly consequences of injection drug use. Consumption services can mitigate these risks and improve the health

and safety of the communities where they might appropriately be located.

Another contextual comment that I wish to note is the great divide between the testimony from our health colleagues as compared to those in enforcement. Virtually all of the expert advice from professional health associations including the Canadian Medical Association, the Canadian Nurses in AIDS Care, Vancouver Coastal Health, and the Toronto Public Health Department finds Bill C-2 problematic on a number of grounds. Compare that to the enforcement side of things, where, for the most part, despite all the evidence from existing supervised consumption services projects, there is no willingness to consider even a trial or pilot project, to see what the experience of different models in different localities might be.

Even though we can point to 30 years of positive experience of integrated consumption services into systems of care in Europe, Australia, and even here in Canada, our police leadership has maintained a firm position against any such trials. It's unfortunate that these two critical fields of public service are not aligned, as we are certain that all health and enforcement institutions in this country share

the goals of healthy, safe communities for all Canadian citizens, including those who use drugs.

As we have written in our brief:

> by advocating a focus on public safety at the expense of public health – the context of these hearings being a prime example – the bill runs counter to the [Supreme] Court's emphasis on striking a balance between public safety and public health. By making it even more difficult to implement supervised consumption services, Bill C-2 ignores the Supreme Court of Canada's assertion that these services are vital for the most vulnerable groups of people who use drugs and that preventing access to these services violates human rights.

Similarly, as the Chief Medical Health Officer for Vancouver Coastal Health notes, Bill C-2 as it's currently configured will "effectively act to block exemptions [and] the provision of life-saving medical services to some of our most marginalized citizens and result in deaths and serious illnesses that are entirely preventable." For these reasons, the bill contradicts the spirit of the Supreme Court Decision on Insite.

Increasing the obstacles to opening consumption services in Canada is clearly out of step with this government's expressed commitment to address the country's serious mental health situation. Among other things, consumption services bring marginalized people who use drugs into the health care system. In Canada, 86% of homeless

people have either a mental illness or a substance abuse diagnosis. Furthermore, the percentage of homeless people with a mental illness who also have a substance abuse problem is 75%. At Vancouver's Insite project, 65% of participants have had a previous diagnosis of a mental illness.

Many of those who inject drugs would benefit greatly from the engagement with health, social workers and drug treatment professionals through their participation in a comprehensive supervised consumption service program. So, given the above percentages, obstructing the implementation of supervised consumption services is at odds with this government's stated commitment towards the mentally ill in Canada. Surely the government would want to facilitate the development of another evidence-based tool in the toolbox for addressing mental health and addictions in this country.

The evidence is quite conclusive, as confirmed by a systematic review of all of the research globally on supervised injection sites (SISs) released last week conducted by 4 researchers from France and one from Switzerland. They reviewed 75 relevant articles and explain:

> A systematic review uses transparent procedures to find, evaluate and synthesize the results of relevant research. Procedures are explicitly defined in advance, in order to ensure that the exercise is transparent and can be replicated. This practice is also designed to minimize bias. Studies included in a review are screened for quality, so that the findings of a large number of studies can be combined. Peer review is a key part of the process; qualified independent researchers control the author's methods and results.

As for the review's conclusions, all studies converged to find that SISs were efficacious in: attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments and SISs were found to be associated with reduced levels of public drug injections and dropped syringes.

I will close by reminding the committee that the issue of supervised consumption services came to the fore after a decade long public health and public safety disaster in Vancouver and indeed British Columbia during the 1990s. Thousands of people died and many more became ill during this period. The epidemics of overdose, HIV and Hepatitis C and of injection drug use overwhelmed Vancouver's inner city. At the time Michael O'Shaughnessy, the Director of the Centre for

Excellence in HIV AIDS Research, coined the phrase Deadly Public Policy. The term applied to the mix of municipal, provincial and federal policies that contributed to inadvertently creating the conditions for an HIV epidemic among injection drug users to flourish in Vancouver. Factors such as problems in the areas of social assistance, housing, mental health and addiction; lack of funding for health and social programs; and enforcement practices all contributed to the epidemic. In British Columbia much time has been spent in trying to undo those deadly public policies with some good successes.

We've made enormous progress since those days, so if Bill C-2 is implemented in its current form, our organization would certainly consider it to be a step backwards. It would be a present day example of 'deadly public policy,' and deny marginalized and often seriously ill Canadian citizens and their communities access to proven life saving health services.

Thank you for your time.