



**Association pour la Défense des Droits et
l'Inclusion des personnes qui Consomment
des drogues du Québec**

**Safe Injection Sites demystified...
by the people who will use them!**

Document produced by activist of ADDICQ, a project of the
Association Québécoise pour la Promotion de la Santé
des personnes Utilisatrices de Drogues (AQPSUD)



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Who are we?

ADDICQ is a project of the Quebec Association for the Promotion of the Health of people who Use Drugs (or AQPSUD, its French acronym).

AQPSUD is also responsible for *L'Injecteur*, the newspaper By and For people who use drugs by injection or inhalation in the province of Quebec.

What do we have in common?

The desire to make our living conditions better together,
By people who use drugs,
For people who use drugs.

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SISs, a historical struggle for the health of people who use drugs

It's been many years now that members of ADDICQ are demanding the opening of Safe Injection Sites (SISs) in the province of Quebec, like a lot of community groups and public health professionals. More than 90 SISs already exist across the world, in Europe, Australia and in Vancouver.

SISs were opened and are demanded by people who use drugs by injection because they are an answer to serious public health issues. For example, the opening of Insite in Vancouver in 2003 was an

answer to the HIV epidemic and to the many deaths by overdose of people who use drugs by injection in the Downtown Eastside neighbourhood during the 1990's. The conservative federal government has tried to put an end to the

activities of Insite for years, but on September 30th, 2011, the Supreme Court of Canada ordered to keep it open in the name of "**the right to life, freedom and the security**" of people who use drugs by injection.¹

In its decision, the Supreme Court described 5 factors that will have to be taken into account to grant another exemption in the future:

- ★ The impact of such a facility on crime rates
- ★ The local conditions indicating a need for such a SIS
- ★ The regulatory structure in place to support the facility
- ★ The resources available to support its maintenance
- ★ Expressions of community support or opposition



We will see that SISs do not lead to a rise in crime rates in a neighbourhood, that the need exists and that there has been expressions of support to SISs by a lot of social workers and people who use drugs by injection, amongst others. As for the regulatory struc-

ture and resources, they will be there since the Quebec Ministry of Health and Social Services will be involved in the project as well as many community groups, the host cities, the police services, and people who use drugs by injection.

Finally, if people who use drugs by injection are asking to be equal partners in the creation and management of SISs, it is in order to make sure that this service answers well to the real needs of the people who will benefit from them. This would avoid investing money in a service that will not be used because it won't be adapted to people's needs.

Why SISs?

As we saw with Insite in Vancouver, SISs are a concrete solution to problems linked with the use of drugs by injection and they are a part of the "harm reduction" model and philosophy that consist, amongst other things, in helping people without imposing conditions on their use of drugs so that they take care of their health and well being.

It is well documented that people who use drugs by injection are hit hard by the epidemic of **hepatitis C**, close to 63% of people who use drugs by injection in the province of Quebec, and of **HIV**, about 15% of people who use drugs by injection in the province of Quebec, more than 20% in Montreal!² Also, only in Montreal there has been more than 600 **deaths by overdose** since the year 2000, with a clear rise in the last few years. On average, about 72 people die of overdose every year in Montreal.³

Statistics on deaths by overdose are unknown for now elsewhere in Quebec, but that doesn't mean that the problem doesn't exist! We see the reality around us and we know that there has been some deaths by overdose lately around us. **The opening of SISs would make these numbers drop**, as the example of Vancouver showed us. Since the opening of Insite in 2003, there was no death by overdose there thanks to the quick and efficient intervention of health workers on site. A study showed a drop of 35% of deaths by overdose around Insite.

SISs also **reduce the infection rate** by providing people who use drugs by injection a safe environment to inject as well as sterile equipment. Because sterile needles



are provided on site, people will not reuse needles already used by them or by someone else. This would help reduce infections and abscesses linked with the sharing and reusing of syringes. Furthermore, SISs will allow the creation of links between social and health services (including detox) and people who use drugs by injection who are often marginalized. By integrating themselves to the healthcare system, SISs become part of a "continuum" of services. **This means that instead of just giving syringes and wishing good luck to the people who have no place to inject, they would have a safe place**

with people there to help them in case they need it.

SISs will also **break the social isolation** in which many people who use drugs by injection live and they will link them with essential health services (care for abscesses, signing up for Hepatitis C treatment or methadone, or detox). Finally, SISs will allow people who use drugs by injection to feel that they are also **citizens like everybody else** by welcoming them in a respectful manner and taking their needs into account.

SISs, for who?

SISs are thus beneficial not only to people who use drugs by injection, but also for the population as a whole because they help reduce the number of injections and of discarded syringes in the public space, as well as the costs to the healthcare system. Furthermore, no rise in crime rates has been observed around SISs after their opening.

Where do we want SISs?

To determine the best place to open a SIS, we have to look at the places where people who use drugs by injection are already going. In Quebec, we give people who use drugs syringes in community groups, the healthcare network and in some drugstores. We see that it is the community groups that give about 85% of the syringes given to people who use drugs by injection, especially in fixed sites. In Montreal for example, no less than 92% of the visits of people who use drugs by injection to get needles are in community groups. Cactus Montréal alone gives out 36% of the total of syringes in Montreal.⁴ The situation is similar in Quebec city where community groups give out 86% of syringes, 77% of which are given by Point de repères!⁵



Furthermore, in 2011, members of ADDICQ-Montreal have coordinated, in partnership with the Public health department, a survey of one hundred people who use drugs by injection about their needs and desires regarding SIS. This survey showed that:

- ★ **78% of the participants want the SIS to be located where they usually go to get their injection material** (according to preliminary results);
- ★ **96% of the participants would use a SIS if it is located in a community group, versus 51% in a CLSC, 47% in a treatment center and only 37% in a hospital.**⁶

According to the Montreal Public health department, amongst the reasons that explain the fact that people who use drugs by injection don't or almost don't go to traditional health services are:
"negative past experiences, the fear to be judged, excluded or rejected, the fact that they don't meet the conditions of admission in the health system."⁷

How do we want SISs?

When do we want SISs?

Because SISs save lives, and this without any doubt, and because they contribute significantly to the reduction of HIV and Hep C infections, it is clear that people who use drugs by injection wish that they open as soon as possible.

As for the "How?", people who use drugs by injection have to be equal partners in the implementation of SISs, as peers inside the work teams to welcome the people who will use SIS and as members of the decision making process that will manage these services. The inclusion of people who use drugs by injection is a guarantee that people will feel comfortable to use this service

because they will be greeted by their peers and that the services will be organized according to the needs of the people to whom the service is destined to (including confidentiality, rules and services on site). Furthermore, the inclusion of people who use drugs by injection in the work teams of those services will make it easier to adapt them faster to the changes in behaviour and in ways of consumption.

"Social acceptability", OK, as long as people don't deny the facts

In its historical decision that opened the way to the opening of SISs elsewhere in Canada, the Supreme Court wrote that "The factors considered in making the decision on an exemption (to the law on drugs, that allows a SIS to function) must include", not only the impact of a SIS on

criminality, evidence that a SIS would answer to a local need and that the conditions to manage such a center are met, but also "expressions of community support or opposition". When he reacted to this decision, **minister of health Yves Bolduc** said that "social acceptability"

was the "main condition" to open a SIS in Quebec.⁸ He said that the people, health and social service centers, cities and police services have to be "consulted and involved" in order to arrive at a "real consensus around such a project."⁹



The militants of ADDICQ agree with the idea of working with all the partners involved and who wish to implement this service. This is the reason why AOPSD (the Quebec Association for the Promotion of Health of People who Use Drugs, which is heading ADDICQ and L'Injecteur) made a video¹⁰ to demystify and answer to the main fears about SISs:

1) SISs don't "encourage" people to use drugs

They answer to the needs of people who are **already** addicted to drugs and they even offer them the means to stop if that is their desire;

2) SISs don't raise the number of drug users

Instead, they are located in neighbourhoods where people who use drugs by injection are **already** present;

3) SISs don't raise the number of drug dealers in a neighbourhood

They follow the **same rules** as the centers where they can get clean needles, where the sale of drugs is not tolerated either inside or outside;

4) SISs don't harm public safety in a neighbourhood

The criminality rate doesn't rise when a SIS opens. **On the contrary**, we see less discarded syringes and less injections in the public space, which is better for the security of all!

SIS are an essential health service and we have a urgent need for them!

As we saw it, SIS are an answer to health needs and they can save lives of people who use drugs by injection, but they also have benefits for the whole community where they are set up.

It is important to talk with every person that is concerned and to take the time to answer to fears and legitimate concerns of the community about SISs. But we should not let "social acceptability" and the quest for total consensus on the issue stop us from setting up these essential services.

If people refuse to recognize the relevance of such a service, in spite of all the studies that show the benefits and the absence of negative impacts of SISs on a neighbourhood, let them with their prejudice and **let's move forward with the opening of this health service and not wait until our brothers and sisters die or get infected because we refused to help them!**

We don't pretend that SISs will settle all the problems linked with the use of drugs by injection. People will continue to inject in the public space and in bathrooms in

unhealthy and unsafe conditions. For us it is **essential that the opening of SISs doesn't mean more stigma against the people who won't use that service, especially if we want to encourage them to use SISs!**

But now that we know that SISs have a significant impact on the transmission of HIV, Hep C and the number of deaths by overdose, why should we refuse this health service to the most marginalized people who use drugs by injection? Like minister Bolduc said himself in a meeting with Montreal mayor Gérald Tremblay: "The goal of SISs is to help people who use drugs and this is the priority."¹¹



So let's stop trying to block SIS and let's try not to impose conditions that would have a negative impact on the attendance of SISs by people who use drugs. Open SISs so that we can see their benefits for people who use drugs, but also for society as a whole!

Sources :

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- 2) Leclerc P, Roy E, Morissette C, Alary M, et coll. "Surveillance des maladies infectieuses chez les utilisateurs de drogue par injection. Épidémiologie du VIH de 1995 à 2010. Épidémiologie du VHC de 2003 à 2010." INSPQ. Preliminary version of the report - June 2012.
- 3) "Rapport de l'étude de faisabilité sur l'implantation d'une offre régionale de services d'injection supervisée à Montréal", Montreal Public Health department, 2011, p. 21.
- 4) "Statistiques sur les services relatifs aux programmes de prévention du virus de l'immunodéficience humaine (VIH) et des hépatites B et C auprès des personnes utilisatrices de drogues par injection au Québec", AVRIL 2008 À MARS 2010, INSPQ, p. 5. Cactus Montréal Annual report 2010-2011. "Étude defaisabilité", op. cit., p. 24.
- 5) Quebec City regional public health department.

6) "Étude de faisabilité", op. cit., p. 57.

7) "Mise en place d'un site d'injection supervisée à Québec, Position de la Direction régionale de santé publique de la Capitale-Nationale", mémoire, May 7th, 2011, p. 11.

8) Tommy Chouinard, "Sites d'injection supervisée: Yves Bolduc donne son feu vert", La Presse, October 12th, 2011.

9) "Services d'injection supervisée: Le ministre Yves Bolduc rencontre les organismes communautaires Cactus Montréal et Point de repère", communiqué, October 11th, 2011.

10) "Acceptabilité des Services d'Injection Supervisée au Québec", AQPSUD, December 1st, 2011,

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11) Caroline Jarry, "Itinérance: rencontre entre le maire Tremblay et le ministre Bolduc", Radio-Canada, March 16th, 2012.

