CAMH Submission

to Toronto Board of Health

July 10, 2013
Thank you for the opportunity to address the Toronto Board of Health today.

1 in every 168 Canadians between the ages of 15 and 50 inject drugs. Injection drug use is a very serious individual and public health concern. It is associated with high rates of HIV, Hepatitis C and other blood-borne infections. Injection drug users are also at risk of overdose, suicide, infections, abscesses, as well as a number of social problems. Addiction treatment is one approach that addresses these issues and many individuals are able to overcome their problematic use through their participation in these services. There are other individuals, however, who do not want to or are not able to stop injecting drugs at this time in their lives. For these individuals, we need public health approaches that can help reduce the harms associated with injection drug use, including harms to those other than the injection drug user. Needle exchange programs are an important example that is offered in many Canadian cities. Yet even with access to clean needles and injection supplies, people may not have a safe and private place to use their drugs and public consumption and litter in parks and public washrooms can continue to be a problem. People may also be alone and away from services if they overdose or injure themselves while injecting drugs.

Supervised Injection Services are another public health approach that can reduce harms associated with injection drug use. Research from around the globe has shown that these services are associated with several benefits to injection drug users including reducing behaviours associated with HIV and Hepatitis C infections, lowering risky injection practices, reducing overdoses, and increasing referrals to treatment and other health services. In addition, Supervised Injection Services do not increase crime and disorder in the surrounding neighbourhood and actually reduce other problems like public drug use and discarded injection equipment.

Given the difference in geography and culture of drug use amongst cities, experiences from these Supervised Injection Services are not simply transferrable to other cities such as Toronto. However, there is evidence to suggest that a Supervised Injection Service could be beneficial to Toronto, though further research involving the development of a pilot Supervised Injection Service would be needed to confirm. With that in mind, CAMH supports the development of a pilot Supervised Injection Service in Toronto. As a teaching hospital dedicated to care, research and education in mental health and addiction, CAMH would be happy to work with other partners to play a role in the evaluation of the pilot service and offer treatment to those in need.

We recognize that some neighbours may have concerns about Supervised Injection Services opening in their areas and CAMH believes that community consultation should be a part of any process to develop a Supervised Injection Site. However, it is also CAMH’s belief that whether a Supervised Injection Site should be established in any community should be informed principally by empirical evidence about the potential for saving life, improving health and minimizing harm to the community.

In conclusion, CAMH believes that as a public health approach, Supervised Injection sites can be an important part of a comprehensive drug strategy that also includes prevention, treatment and law enforcement. We thus support the Medical Officer of Health’s proposal to develop a pilot Supervised Injection Site in Toronto.

For further information, please contact:
Roslyn Shields
Senior Policy Analyst
Centre for Addiction and Mental Health
416 535-8501, ext. 32129
Roslyn.Shields@camh.ca