

HL23.1.6

Deputation: Supervised Injection Services
City of Toronto Board of Health
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10 July 2013

Thank you for the opportunity to speak today.

My name is Walter Cavalieri.. I am the director of the Canadian Harm Reduction Network, the Vice Chair of the Canadian Drug Policy Coalition, one of the founders of the Toronto Harm Reduction Task Force, and a member of the Toronto Harm Reduction Alliance. I have been working in harm reduction in Toronto since about 1986 - before it even had a name - as a front-line worker, program coordinator, program consultant, researcher, etc. I am a resident of Toronto, a citizen of Canada, a tax payer. These are responsibilities I do not take lightly.

I am here to support the provision of Supervised Injection Services in Toronto. I will not repeat the excellent evidence you already have before you, about the wisdom of Supervised Injection Services. However, I do want to commend the Toronto Drug Strategy's Supervised Injection Services Working Group and the Medical Officer of Health for making recommendations which are both exemplary and brave. What I bring is a subjective view from the front line.

I have been with people in Toronto when they've shot up in alleys, supply closets, garages, stairwells, musty basements, abandoned buildings, phone booths, washrooms, and even in few instances in their own apartments.

I visited the mobile supervised injection service when I was in Barcelona and several - for lack of a better term - pop-up safe use sites in Toronto and other Canadian cities, run by users.

On my most recent trip to Vancouver, I visited InSite three times and spoke at length with staff. I also visited the illegal, user-run site at VANDU (The Vancouver Area Network of Drug Users), just down the street.

In many ways comparing Vancouver to Toronto is unfair. Vancouver has those beautiful mountains, the ocean ... and we don't. They also have a large open drug scene ... and we don't. We may regret the former, but we can be thankful for the latter. That said, people are injecting in public spaces in Toronto far more frequently than many realise.

We can get useful information from Insite, and draw realistic inferences, but we should not copy it.

Inside InSite, where good injection practice is the rule, there is order, tranquillity and dignity. If disorder erupts, the staff handles it respectfully. Disruption is rare. Mediation is always available. As is care.

Outside, there is no greater concentration of people in front of InSite - or the VANDU site, for that matter - than there is on any other part of lower Hastings Street. Neither site has attracted users from afar. Public order has improved, and there is less public injecting

InSite is large, to accommodate Vancouver's drug scene - we do not need "large" in Toronto. Three small injection rooms in different areas of the city will serve us very well, integrated into existing services. Integration provides discretion for the people using the Service, as well as access to the multi-skilled staff of the Needle programs

The difference between what goes on in Supervised Injection Services and what happens where there are no such services is profound.

Take Overdose deaths. Overdose has become one of Canada's major causes

of accidental death, in some places and age categories exceeding death by motor vehicle accident. There have been no overdose deaths at InSite, because staff is on hand to intercede. Overdose deaths in InSite's neighbourhood have also decreased.

Along with sterile place to shoot up and sterile equipment to eliminate sharing and militate against infections and disease transmission, Supervised Injection Services also provide good lighting and the luxury of time. The person injecting does not have to be furtive or hurried. This means safer shooting - even for those who have bad veins. Hence, fewer injuries.

Without directly assisting a person to shoot up, staff provide instruction and support, as needed, on how and where to inject and how to do it better. It is heartrending and profoundly upsetting to watch someone who wants - no, who needs - to shoot up struggle for ten or 15 minutes to access a vein, her arm riddled with track marks and spattered with recent blood. That doesn't happen in Supervised Injection Services. The long-term benefits of good injecting practice are not to be minimised.

Supervised Injection Services also provide clients with the opportunity to build relationships with people who truly care about them. I can tell you, from experience as well as from research that the relationship between worker and client is the most effective means we have for diminishing internalised stigma, initiating positive change and promoting health.

No overdoses; safer injecting; a drop in disease transmission; fewer abscesses and skin infections; fewer hospital emergency visits; diminished public disorder and public injecting; less cost to the health and emergency care systems; productive, compassionate relationships which support positive change ... all lead toward ending suffering and saving lives. Isn't that what public health is about? This is what harm reduction is about, and what Supervised Injection Services are about.

An impressive and growing list of professional organisations support Supervised Injection Services. These organisations did not make their decision lightly. They did it because establishing Supervised Injection Services in Toronto is the right and ethical thing to do.

(For some of the ideas in this final section I am indebted to Dr. Perry Kendall, one of my mentors.)

Here is where I speak as a Canadian and a tax payer: The roles overlap.

Supervised Injection Services save money.

By immediately interrupting the transmission of HIV and HCV at low cost – rather than waiting until an infected person is able to change her/his life - they exemplify a wise use of taxpayer dollars.

They promote health equity by preventing the most disadvantaged in society from suffering further preventable harm. It is morally and ethically superior to prevent rather than to treat a disease.

They motivate clients to reach out for services and make positive changes, including moderating their drug use or quitting.

They keep people healthy and give them the respect they deserve and need, without judgment, enhancing their opportunity to lead productive lives, as they will not be dead or dying of AIDS, Hepatitis C, or Overdose.

They provide compassion for people who are suffering.

They protect the health of partners and families of the people who use them.

Clearly, Supervised Injection Services are morally right. Saving lives is the moral thing to do.

I truly believe that Supervised Injection Services are fundamentally Canadian in their values, despite what the Federal government, justice officials and self-designated "community spokespersons", in their presumed wisdom, would have us believe.

I urge you:

stand up to the Federal government and demand that they withdraw Bill C-65, the so-called Respect for Communities Act, and replace it with an enabling rather than obstructionist application process, developed with the input of all pertinent stake holders. As it exists, Bill C-65 is replete with the kind of spitefulness that only a bully who has lost a battle could conceive.

and ... recommend the establishment of three small-sized Supervised Injection Services in Toronto, in keeping with the findings of good research, real need, and the principals, practice and traditions of public health.

Exemplary leaders do not ignore evidence ... and good decent people do not ignore the pain suffered by our neighbours and fellow citizens.

Thank you.

