Testimony by Sarah Evans
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Good morning and thank you for giving me the opportunity to speak today.

My name is Sarah Evans and I am a Senior Program Officer with the Public Health Program at the Open Society Foundations, where I work internationally to advance access to health and rights for people who use drugs.

Before joining Open Society, I was a Manager of HIV & Harm Reduction Services with Vancouver Coastal Health in British Columbia, Canada. There, I oversaw the development and implementation of community-based services for people who use drugs. These services a low-threshold detoxification facility, a transitional housing program, a treatment program for women, a community health service for drug users to receive intravenous antibiotic therapy, and a long-term care program for people who use drugs and cannot live independently. Prior to that, I was the Coordinator at the Insite—North America's first legal, public supervised injection facility—from when it first opened and for several years. This makes me one of only two people (that I know of) presently living in the USA with first-hand experience running a supervised consumption site.

<u>What is an SCS?</u>

A supervised consumption site (or "SCS") is a place where people can use illicit drugs under the supervision of trained staff, and without fear of arrest. There are currently over 100 SCSs in the world, some of which have been in open for almost three decades. Some are for injection-only, while others are also for smoking or sniffing. You do not receive drugs there, and generally you cannot purchase drugs there. There are different models: some being more peer- or drug-user run, while others have more medical oversight; and with service delivery that varies from mobile, to stand-alone fixed site, to a site that is integrated within broader health or housing project.

In the normal course of affairs, everyone who might a consumption site—the target population—is spending much of their time hiding from stigma and from arrest. They are hiding in their homes if they have them; and they are hiding in laneways and alleys, abandoned buildings and barns, between parked cars or in them, and in MacDonald's restrooms.

In those situations of hiding, people are extremely vulnerable. They can't wash their hands and arms; they might resort to using water from toilets or puddles; they are probably in a hurry. Even if they have sterile supplies, they are at risk of sharing needles because they are in a hurry and clean equipment may not be at hand, and this of course places them at risk of contracting or spreading HIV or Hepatitis C. In addition, people who use in hiding are at risk of abscesses and subcutaneous and soft tissue infections such as endocarditis or osteomyelitis. And finally, hiding definitely puts people at risk of a fatal overdose, maybe because they used all their drugs up at once and in a hurry, or because they are using alone and may die from an overdose before someone finds them. They are also vulnerable to being robbed or attacked.

These harms are contextual—and 100% preventable. Supervised consumption sites are part of the solution.

What happens at an SCS?

When you come to Insite, the site that I used to run, the first thing that happens is that staff will sign you up so that they can register you in the database with an anonymous code name of your choosing. There is no lengthy intake procedure or exam. You can proceed into the injection room as soon as one of the booths is available. You tell staff what drugs you are using, there are sinks so you can wash your hands (super important) then you can pick up any kind of needle and syringe and other injection equipment (a much wider array than is available in most needle exchanges). Nowadays you can also test your drugs for dangerous additives such as fentanyl. From there they go to a booth that is your personal use. You can stay there as long as you need. If you need help finding or maintaining a vein, a staff member is available to provide safer injection education. If you overdose, staff are on hand to give you oxygen, or naloxone if you need it. There is a medical room available for a private clinical consultation. Then when you're done you move through to the chill out lounge where can get a cup of coffee, and talk to a peer staff member. If you want to talk about housing, they can help you; or if you're ready to talk about getting treatment for addictions, there are staff who can speak with you and facilitate those processes.

The staff at Insite is a combination of registered nurses, community workers and peers (drug users themselves) but different models may be appropriate to different circumstances. I will just say, however, that the involvement of civil society organizations and drug users themselves is key to making a site that meets the needs of the local population.

Insite sees around 700 visits per day, and sometimes upwards of 1000. It has managed well over 3 million injections since it opened when I worked there in 2003.

Outcomes from the scientific evaluation of Insite:

Insite is a highly-studied project. The government of Canada spent over $3M studying it. The evaluation was carried out by an independent group of scientists from the British Colombia Center for Excellence in HIV-AIDS, overseen by Dr. Julio Montaner (who among other things is the previous head of the International HIV-AIDS Association, an Officer of the Order of Canada and an inductee into the Royal Society of Canada and the Canadian Medical Hall of Fame). The results of the scientific evaluation of Insite have been published in over 50 papers in respected scientific journals where they were subject to peer review, which is the highest standard of scientific rigor we have.

What Insite does:

- A wide range of individuals uses the site, which has been particularly successful in attracting and retaining at-risk users: those who are HIV+, homeless or marginally-housed, and women engaged in street-based sex work.
- Insite has decreased overdose mortality by 35% generally and by nearly 50% among women & Aboriginal/First Nations people. → Indeed, the total number of deaths at Insite or at any supervised consumption site anywhere in the world, ever, is zero. That should be enough of an argument for why the program works.
- Reduced transmission of HIV and Hep C.
- Reduced soft-tissue infection.
- Insite improves public order through reduced public drug use and in littering of injection-related paraphernalia.

- There are various cost-benefit and cost-effectiveness estimates but overall it can be said that the SIF saved valuable healthcare dollars, upwards of $6M per year by conservative estimates.

There are other outcomes as well. When you give people space and them with dignity, then you have created a platform for people to start making better or different decisions about their health—and they do. One of the key findings from the evaluation is that people who use Insite are less likely to share needles (70% less likely) and more likely to practice safer injection practices always, even when they are not at Insite. This finding is true after even only one visit to the site. So people learn new skills to take care of themselves and others, and they carry this learning with them back into the outside.

Another thing that happens is that people seek help to quit drugs. It can be hard for people to accept that if you give people a safe place to use drugs, they are more likely to seek out options for recovery. However, the science tells us that Insite users are twice as likely to get into detox and treatment as non-users, and that the opening of Insite was independently associated with a 30% increase in detox and treatment service use. In turn, this pattern of behavior was associated with increased rates of long-term addiction treatment initiation including methadone, and reduced injecting.

What it does not do:

- Insite does not promote drug use, and it does not encourage people to start injecting drugs. (On average, InSite users have already been injecting for 16 years).
- Insite does not increase the rate of drug use in the neighbourhood. Its presence does not increase the risk that local people will relapse into drug use, nor does it lead people to avoid treatment.
- Insite does not encourage people to start injecting drugs, or to use more drugs than before. It has no negative effect on drug use patterns in the neighborhood.
- It does not increase petty crime or loitering.
- Insite does not increase drug trafficking, or vehicle break-ins, or assault and robbery in the neighbourhood. In their separate evaluation, even the RCMP/Mounties concluded that supervised injection sites do not appear to increase crime.

How do people feel about it?

- The local community and business associations gave Insite a 75% approval rating a few years after it opened. The longer it is there, the closer people live to it, and the more people know about it, the stronger their support for Insite.
- In 2011, the Supreme Court of Canada ruled unanimously that Insite saves lives with no negative impact on public safety in the neighbourhood.

<u>Why does it work?</u>

When it opened, Insite was the only square footage of space in N America where it was not illegal to use illicit substances. Participants are accepted as all of who they are, including their drug use. This means that the people working there and those using there have an opportunity to build relationships based on the kind of honesty that many practitioners see as the key to creating a true therapeutic alliance. We are also able to be there for people at the right time when they are seeking treatment, and over and over again without judgement. I believe that this experience of 'radical acceptance' is part of what makes Insite so transformational.

Insite was so successful in referring people to detox that we had to build one right upstairs from the injection site. Then we opened a transitional housing residence above that, for people post-detox who were waiting to get into a treatment program or permanent housing, and a women's treatment program down the street.

And that's when I really understood that harm reduction and treatment/recovery are the same thing.

Because with these services, we started to be able to meet people where they were in the cycle of drug use/recovery. If they are going to use today, there is Insite. If they want detox, it is right upstairs. If they want treatment we can keep them safe until that's available. And if they relapse along the way, they can come back into Insite with no shame and we are there for them.

We live with such a contradictions when it comes to drug use and addiction. When Canada's then Minister of Health (under the previous administration) visited Insite, he asked me, "How many of those people in there would you consider to be a write-off?" His question goes to the heart of the problem here, where people can either be cast down to the degrading world of drugs, or lifted up into the light of abstinence.

Abstinence-only thinking prevents us from seeing all the value that a place like Insite holds for someone who uses there, whether or not they ever quit drugs, and as part of a whole system of care. How many times do we hear health commissioners saying, "We are not interested in supervised consumption services because we would rather focus on long-term treatment." But at any given time, probably 10% of the people who could benefit from drug treatment are accessing it. What about the other 90%? What are we doing for them?

They are outside. We need to bring them in. We need to create spaces of safety and acceptance. And most of all, we need to keep people alive. Then when the time comes for them to make a positive change for their health—any positive change—we will be there for them and able to help.