

# GUIDANCE DOCUMENT

## SUPERVISED INJECTION SERVICES

### BACKGROUND

Problematic substance use is a significant public health and social issue. Injection drug use, in particular, is associated with risk of blood-borne pathogen transmission (such as HIV and hepatitis C), death from unintentional drug overdose, and public disorder. Scientific research on supervised injection services (SIS) at Insite, in Vancouver's Downtown Eastside, and elsewhere in the world has contributed to a better understanding of the harm reduction and health promotion benefits of SIS for people who inject drugs.

In September 2011, the Supreme Court of Canada concluded that Insite saved lives and improved the health of people who used the services provided there. The court reached this conclusion by examining the detailed arrangements governing Insite's operations and the evidence that the operation of supervised injection services did not increase the incidence of drug use or crime in the surrounding area. The Court also affirmed that the Province has the authority to establish and operate Insite in furtherance of the Province's constitutional powers to deliver health services; however, as a practical matter an exemption was required from the federal Minister of Health pursuant to Canada's *Controlled Drugs and Substances Act*. The Court ordered the federal Minister to grant Insite an exemption and encouraged the federal Minister to strike an appropriate balance between public health and safety in future exemption decisions.

### PURPOSE

Several provincial policy documents articulate how SIS can play a role in a comprehensive public health response to problematic substance use in British Columbia (BC), including:

- *Harm Reduction: A British Columbia Community Guide* (2005);
- *Following the Evidence: Preventing Harms from Substance Use in BC* (2006);
- *Prevention of Harms Associated with Substances* (Model Core Program Paper, 2009); and
- *BC Harm Reduction Strategies and Services Policy* (2011).

The province has identified a range of actions to reduce the health harms associated with problematic substance use in *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (2010), including expanding the reach and range of harm reduction services, which includes SIS, where appropriate.

This document was developed by the Ministry of Health to provide guidance to health authorities and organizations seeking to offer supervised injection services as part of a comprehensive health system response to non-medical injection and other potentially harmful substance use in BC. This document outlines the broad subject areas which the Ministry recommends should be addressed by agencies considering the establishment of SIS.

The subject areas are based on best practices and lessons learned from the successes of SIS that already exist in BC and elsewhere. However, since every SIS will be different, each potential service will have to be modified for the specific context in which it is provided.

The Ministry recommends that organizations seeking to provide SIS address the following:

## **1. Local Conditions Describing Need**

The organization should include information relevant to the geographic region, neighbourhood or targeted patient and client population to be served by the SIS, such as:

- number and scope of other drug-related support services;
- number of injection drug-related deaths and hospitalizations in the region (e.g., overdose, endocarditis, abscesses);
- rates of communicable disease (e.g., HIV, hepatitis C);
- number of interactions between outreach health professionals (e.g., street nurses, Assertive Community Treatment team members) and people who engage in injection or other non-medical drug use;
- estimates of local rates of drug dependence or other problematic substance use; and
- clinical or patient-focused rationale to provide SIS, including if applicable, risk management for SIS as continuity of care.

## **2. Detailed Description of the Services**

The organization should describe what services will be provided, when and where they will be provided, including the following:

- how the services will be delivered (e.g., fixed site, outreach, residential care setting or other integrated care model);
- starting date and hours of operation;
- identification of where the services are to be provided and the geographical boundaries (if any) within which the services will operate;
- a description of the setting where the SIS delivery will take place;
- if an outreach or integrated care service model, description of the broader service protocols that will support SIS delivery;
- links and referral pathways to other substance use services, including withdrawal management, outpatient or residential services;
- appropriate physical/outreach infrastructure (e.g., accessible buildings/rooms/mobile vehicle/site) for providing SIS;
- nature of substance use supervision, and protocols for client safety, including response to overdoses and other adverse events; and
- contingency plans for continuity of services for clients whose health deteriorates and may require progressively more intensive levels of care, through to the most intense level (e.g., intensive care unit and/or palliative care).

### **3. Demonstrated Consistency with Provincial Harm Reduction Principles**

The organization should describe how the SIS to be provided is consistent with the principles described in *Harm Reduction: a British Columbia Community Guide* (2005) and *Following the Evidence: Preventing Harms from Substance Use in BC* (2006). Specifically, how the services:

- are part of a continuum of response to substance use and its related harms;
- are consistent with the principle of “low threshold”; and
- are culturally, demographically and gender appropriate.

### **4. Community Support**

The organization should describe the efforts in place to secure the support of the community for the SIS, including support from:

- local medical health officers;
- local police departments;
- local government officials; and
- other potentially interested community groups and individuals.

### **5. Potential to Promote Public Order and Public Safety**

The organization should describe the potential impact of the SIS on public safety, including (where available through health or law enforcement research and statistics) estimates of:

- public disorder and crime;
- public injection; and
- inappropriately discarded injection or other drug-related litter.

### **6. Tools for Screening and Informing Clients**

The organization should describe how forms and related written tools (e.g., user agreements and consent forms) would be used to document:

- clients’ understanding of the risks of non-medical substance use;
- clients’ understanding and agreement to abide by expectations, rules and protocols for using the SIS (e.g., “Codes of Conduct”);
- that any data collection from clients for monitoring, evaluation or research purposes is done with appropriate ethical considerations and client consent; and
- that younger clients are engaged using age-appropriate screening and support protocols.

## 7. Staffing and Regulatory Structure

The organization should describe the amount and type of staff involved in providing the SIS, including their respective roles and responsibilities, workplace safety protocols, policies and any procedures regarding the following:

- minimum staffing levels, skill-sets, competencies and training required to carry out SIS;
- clear guidance to involved professionals regarding scope of practice, competence from appropriate professional regulatory authorities (e.g., College of Physicians and Surgeons of BC, College of Registered Nurses of BC, College of Registered Psychiatric Nurses of BC, College of Licensed Practical Nurses of BC );
- adherence to relevant legislation as applicable, (e.g., *Health Professions Act, Hospital Act, Community Care and Assisted Living Act, Public Health Act*, etc.);
- any scope of practice or regulatory decisions that affect SIS service delivery;
- compliance with Occupational Health and Safety policies and procedures and emergency and/or disaster (e.g., fire, bomb threat, earthquake) preparedness and response; and
- health and safety for clients and staff (e.g., non-violent crisis intervention, needle stick injuries).

## 8. Integrated Care and Ancillary Services

The organization should include a detailed description of the how the SIS will:

- provide injection-related first aid (wound and abscess care);
- provide pre- and post-injection onsite education and counselling on harm reduction and health promotion;
- distribute and recover harm reduction supplies;
- have established sound health emergency protocols (e.g., CPR, anaphylaxis, intervention for respiratory arrest);
- provide additional health services (e.g., immunization, STI screening, HIV testing);
- where a proposed SIS is in an integrated setting (e.g., drop-in, day, residential and/or acute care), provide assessment and referral of clients to primary health care, mental health care, withdrawal management, outpatient or residential services, and other relevant service providers;
- where a proposed SIS is not in an integrated setting (e.g., mobile van, outreach), provide assessment and referral of clients to physical or chronic illness treatment or management, mental health care, withdrawal management, outpatient or residential services, and other relevant service providers; and
- if applicable, provide delivery of residential care in ancillary facilities.

## **9. Measures to Appropriately Dispose of Biohazards**

The organization should include a detailed description of all procedures and measures in place to appropriately dispose of biohazards, including controlled substances or their residues, and the associated risk to health, safety and security of staff members and the local community. This may include procedures for:

- disposing of used syringes, needles and other drug administration or injection equipment;
- accounting for harm reduction supplies distributed, returned and disposed of;
- ensuring proper training and ongoing education of staff in handling harm reduction supplies, controlled substances, and potentially biologically contaminated paraphernalia;
- preventing loss and theft of controlled substances; and
- record-keeping respecting the above.

## **10. Governance and Sustainability**

The organization should include a general description of the services provided under support and regulatory supervision of a health authority or subsidiary contracted agencies and the respective roles and responsibilities of each and should include a general description of financial resources by funding source (health authorities or other health system entities such as contracted agencies) in place to establish and maintain SIS.

## **11. Monitoring and Evaluation**

The organization should describe the service monitoring and evaluation plan to ensure quality control of service delivery and, when necessary, policy and practice improvements to SIS.

*Health authorities or their partner organizations that are considering establishing SIS and have questions or would like clarification regarding these guidelines are encouraged to contact:*

Communicable Disease Prevention,  
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